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NOMINATION

HEARING
BEFORE THE
COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
NINETY-SEVENTH CONGRESS
FIRST SESSION
ON

C. EVERETT KOOP, OF PENNSYLVANIA, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS AND TO BE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE

OCTOBER 1, 1981



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NOMINATION

THURSDAY, OCTOBER 1, 1981

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, D.C.

The committee met, pursuant to notice, at 9:35 a.m., in room 4252, Dirksen Senate Office Building, Senator Orrin G. Hatch (chairman of the committee) presiding.

Present: Senators Hatch, Quayle, Hawkins, Nickles, Kennedy, Randolph, and Metzenbaum.

Also present: Senators Specter and Hatfield.

The CHAIRMAN. We will call the full committee of the Labor and Human Resources Committee to order.

We are very happy to welcome Senator Specter who is with us today, as well as Dr. Koop and other witnesses.

Senator Kennedy will be here in a few minutes, and I presume other members of the committee will be here as well.

Senator Heinz' cannot be here. I will read his excellent statement into the record for him. Then, Senator Specter, in the interest of helping you to meet your 10 o'clock appointment, we will turn to you. When Senator Hatfield arrives, we will hear from him. Following that we will have the Senators on the committee give their opening statements.

First, let me read Senator Heinz statement into the record and give his best wishes to you, Dr. Koop. Unfortunately, he cannot be here because of unavoidable Senate duties.

[The prepared statement of Senator Heinz follows:]

PREPARED STATEMENT OF SENATOR HEINZ

It is indeed a pleasure for me to introduce such a distinguished physician and distinguished Pennsylvanian to the post of Surgeon General of the United States.

As a fellow Pennsylvanian, I have long observed with tremendous respect Dr. Koop's remarkable achievements in both individual and public health matters. His contributions to the field of medicine extend far beyond the boundaries of the Keystone State, and his contributions to the field of health care extend far beyond the care of individual patients.

The CHAIRMAN. I have to say at this point that Senator Heinz has started off very well for you, Dr. Koop.

From his establishment of the first intensive care unit devoted exclusively to the surgical neonate, to his establishment of an American-type medical school for the country of Ghana; from his founding of the first organization of American pediatric surgeons, to his development of clinics for the Indians of central Mexico; from his extensive writings on medical treatment of the acute pediatric surgical patient, to his works related to the handicapped, the chronically ill, and the dying child, Dr. Koop has demonstrated tremendous expertise and capability.

It is an individualized approach to health care problems that Dr. Koop brought to the people of Pennsylvania and the United States, and to the medically-underserved people throughout the world.

I believe it is the same approach he will bring to the Department of Health and Human Services as Surgeon General of the United States. I am convinced the President has nominated a man of extraordinary talent and achievement, and I am pleased to join in recommending him to the committee.

The CHAIRMAN. I want to thank Senator Heinz for the excellent statement.

At this point we will turn to the junior Senator from Pennsylvania, our good colleague, whom we are very happy to have with us today, Arlen Specter.

You may proceed, Senator.

STATEMENT OF HON. ARLEN SPECTER, A U.S. SENATOR FROM THE STATE OF PENNSYLVANIA

Senator SPECTER. Thank you very much, Mr. Chairman, for accommodating me on another busy day. I do have other commitments.

I am very pleased to join with Senator Heinz in presenting to this committee a very distinguished Pennsylvanian, Dr. C. Everett Koop, the President's nominee for the office of Surgeon General of the United States.

As a fellow Pennsylvanian, I have known Dr. Koop professionally for many years. I think it appropriate to insert into the record our professional relationship, so that may be plainly disclosed.

I represented Dr. Koop and others on the staff of Children's Hospital in securing a court order in 1977 to authorize the separation of Siamese twins who were born with a single heart, in order to preclude any possibility of a criminal prosecution. Prior to that, Dr. Koop had testified on behalf of a client whom I had represented.

My former law firm, Deckard, Price & Rhoads, has been counsel for many years to Children's Hospital of Philadelphia, where Dr. Koop has served for many years.

I recommend Dr. Koop for confirmation, notwithstanding our personal differences on an issue which has created substantial controversy over his appointment. Without elaborating on the complex issue of abortion, suffice it to say at this time that I personally have been opposed to amending the U.S. Constitution to reverse *Wade v. Roe* because of my view that it would be unwise to amend the Constitution in response to specific Supreme Court decisions.

Dr. Koop in the past has expressed himself in strong terms in opposition to abortion. In my judgment the abortion issue is not relevant to the issue of Dr. Koop's confirmation. The duties of the Surgeon General of the United States do not affect the administration of the laws relating to that subject.

In addition, Dr. Koop has advised me that he has said and written all that he has to say about the subject of abortion and does not intend to use the position of Surgeon General to advance those views in any way.

Beyond that issue of controversy, I believe that Dr. Koop is a man of extraordinary ability who has the capability to perform the duties of Surgeon General with great distinction.

The Surgeon General has four major areas of responsibility: first, aging and care for the elderly; second, care of the disabled; third, administration of the public health services; and, fourth, negotiation of bilateral health treaties with nations of the Third World.

In all these fields it is my strong view that Dr. Koop is well qualified to discharge the duties of Surgeon General by reason of training, temperament, and experience. He has extensive experience in care for the elderly. In fact, the issue of age was a potential disqualification, but since has been removed. Notwithstanding Dr. Koop's own age, he has extraordinary stamina and vigor, as this committee will soon note personally. While his own chronological age is not a disadvantage in terms of capability, it gives him special insights into the problems of those in their sixties and beyond.

Dr. Koop has extensive experience in working with the disabled. This is the International Year of the Disabled, and Dr. Koop's background in this field gives him unique capability into this important work of Surgeon General.

As to the administration of the Public Health Service, Dr. Koop is an experienced administrator and a doctor's doctor. His lack of specific experience in this field poses no impediment to his potential for fine service.

Perhaps Dr. Koop's capabilities can best be evidenced in the negotiation of bilateral health treaties with some 30 nations in the Third World. He has already chaired a meeting in Japan in his capacity as Deputy Assistant Secretary of Health. While medicine obviously is nonpolitical, it is of enormous benefit to the United States to have an experienced medical practitioner earn the goodwill of Third World nations by providing real medical service. That kind of care on a matter of great importance then makes it easier for our State Department to function in the political arena.

Dr. Koop's 35 years of experience with Federal programs as a practicing physician gives him special insights into how to administer Federal programs. He knows in a very practical way what to do and what not to do.

As a person Dr. Koop poses unusual strength and obvious capability. This committee will observe that firsthand and needs no statement of my views or my impressions in order to have demonstrated those important characteristics and capabilities.

Of the many physicians whom I have known, none has impressed me more than Dr. Koop as to credentials and capabilities. Notwithstanding the issue of age or ideological differences, it is my conclusion that the U.S. Government will be fortunate to have Dr. Everett Koop serve as Surgeon General.

Thank you very much, Mr. Chairman, for accommodating my schedule.

The CHAIRMAN. Thank you, Senator Specter. I know Dr. Koop will understand that your Senate duties require you to be at a meeting in the next few minutes. Therefore, we will excuse you.

Senator SPECTER. Dr. Koop needs no one at his side for whatever may occur.

The CHAIRMAN. Thank you. We appreciate your being here.

We now have the honorable senior Senator from Oregon, Senator Mark Hatfield.

We are delighted to welcome you to our committee. We will look forward to hearing your testimony at this time, Senator Hatfield.

**STATEMENT OF HON. MARK HATFIELD, A U.S. SENATOR FROM
THE STATE OF OREGON**

Senator HATFIELD. Mr. Chairman, I am very pleased to have an opportunity today to testify on behalf of Dr. C. Everett Koop.

I have had the distinct pleasure of knowing Dr. Koop for about 12 years and am happy that President Reagan has nominated him to this most important post. I have followed his career and can say that his credentials in the health field are most impressive. Beyond this background, I have the utmost respect in Dr. Koop as a man of the highest integrity.

Dr. Koop is an individual with specialized training and significant experience in public health programs. At the present time he is the Deputy Assistant Secretary of the Department of Health and Human Services. He was surgeon-in-chief at Children's Hospital in Philadelphia, and is the author of more than 170 articles and books on the practice of medicine.

My admiration for Dr. Koop was nurtured, in part, by his work with disadvantaged and underprivileged people. He organized programs to provide medical care to the Tarascan Indians in central Mexico, in which he established clinics and trained staff to meet basic health needs.

The staff was trained to treat the Indians for common diseases, such as worms, diarrhea, and vitamin deficiencies. His program also included protein nutrition for children and the adoption of breast feeding by women.

Dr. Koop provided significant advice to the Dominican Republic Ministry of Health during a serious epidemic of diarrhea, and he set up dehydration stations, obtained materials for nearby countries, and arranged for doctors and nurses in the area to give intravenous infusions.

At the request of the U.S. State Department, Dr. Koop went to Ghana to "sell" to Nkruma an American medical school for Accra. He set up a fellowship program for U.S. medical students to have 10 weeks to 6 months experience in small hospitals in Third World countries.

Dr. Koop's triumphs in child health care are many. When he entered the practice of pediatrics 35 years ago cancer was not considered a public health problem for children. Through education programs, Dr. Koop raised the awareness of cancer as a childhood problem and improved techniques for treatment of cancer in children. Now cancer is recognized as the No. 1 killer of children, and the National Institutes of Health has established a series of centers for treatment and research of children's cancer.

At the time Dr. Koop began surgery on the newborn in 1946, the survival rate of the newborn having major birth defects was in the neighborhood of 5 to 10 percent. He played a significant role in reversing those rates by teaching the concept of physiologic care for the newborn, establishing the first newborn intensive care unit, and leading a team effort in the improvement of anesthesia for infants.

Early in his career he delivered babies at home in Harlem and for 30 years he has been deeply involved in providing primary care and consultative services to children in the black ghetto of Philadelphia.

A relationship with the Children's Hospital in Krakow, Poland, was developed by Dr. Koop in 1972 when, after visiting that institution, he brought back its chief-of-surgery for training in pediatric surgery and arranged for the same type of relationship in anesthesiology between the Children's Hospital in Krakow and the Children's Hospital of Philadelphia. This relationship has been continued by Dr. Koop's return to Poland or the visit of Polish surgeons to Philadelphia, and at the present time the respiratory support and intensive care for the open heart surgical program in Krakow is provided by a Children's Hospital team.

Mr. Chairman, we are often reminded, as we watch careers rise and fall in public life, that the most authentic measure of a public servant is the emotional health of his wife and children. Dr. and Betty Koop have had a very deep impression and influence upon their colleagues, friends, and neighbors in this regard. Their children—Norman, a Presbyterian pastor in Deerfield, N.J.; Allan, the chairman of the history department at Colby-Sawyer College; and Betsy, a wife and mother in Cherry Hill, N.J.—are successful and exemplary in their own right.

The Koops lost another son, David, in a tragic mountain-climbing accident. As well as experiencing the joys of parenthood, they have shared in the sorrows. In going through the valley as well, the Koops have had their tender-hearted counseling relationship with parents of suffering children amplified. They have counseled with empathy, and practice it with all they know.

Mr. Chairman, I enthusiastically endorse the nomination of Dr. C. Everett Koop to the position of Surgeon General. I trust that the Senate will act expeditiously on his behalf.

The CHAIRMAN. Thank you, Senator Hatfield. I think your statement certainly will carry great weight with this committee. We appreciate your taking time to be here today. I know as chairman of the Appropriations Committee you have a busy schedule during this time of the year. I think your testimony is a real tribute to Dr. Koop. We are very grateful.

Senator HATFIELD. Thank you, Mr. Chairman.

The CHAIRMAN. We have delayed giving the opening statements of the members of the committee until after our fellow colleagues have been able to give theirs in the interest of saving them time.

At this point I wish to welcome Dr. Koop this morning and to thank my colleagues, Senators Heinz, Specter, and Hatfield, for their gracious endorsements of him.

I know that in the wake of this morning's hearing no member of this committee will have reason to question Dr. Koop's compassion, integrity, or accomplishment. They are the hallmark of his character, explaining why he is one of the finest men in Government today. To say the least, Dr. Koop is qualified to be the Surgeon General of the United States and will make an excellent one.

To my knowledge, only two issues have been raised as concerns about Dr. Koop. I would emphasize that neither deals with Dr.

Koop's integrity or long history of community service. Both of these have been without reproach.

The first issue is Dr. Koop's past outspokenness on a large number of the leading medical, ethical, and sociological issues of our day. I confess to agreeing with Dr. Koop on some of these issues and disagreeing on others. However, I have spent my adult life involved in public advocacy, both as a lawyer and a Senator, and I am a firm believer in the first amendment and in the value of public debate.

I have both prospered and suffered, as has Dr. Koop or anyone active in public affairs, from occasional exercise of my first amendment rights. It serves the spirit of our great western liberal tradition of a Government by discussion, and it is a gift of democracy. Dr. Koop's willingness to speak his mind and his ability to do it so ably, if anything, deserve our commendation. And unless we are intent in changing the law once again to require that only wall-flowers may be nominated to become Surgeon General, Dr. Koop's exercise of the first amendment should have no bearing on his qualifications for the position in question.

Further, we are privileged to have several of Dr. Koop's colleagues here today and have received equally impressive letters of praise and support from many others. Dr. Edward Stemmler, the dean of the University of Pennsylvania School of Medicine, had hoped to be here today but could not because of a dedication ceremony at the school. I will ask to have this letter, as well as a letter of support from the State Child and Maternal Health directors and several other endorsements, entered into the record at the end of my remarks.

These expressions of support are unanimous in their praise of Dr. Koop's integrity and achievements. In addition, his colleagues here today and those who have written all agree that his strong views on many issues have never served as obstacles to his developing strong, productive, working relations with those who may disagree with him.

It is a further tribute to this man's great integrity. It is also a comfort to those who are here today to oppose Dr. Koop's nomination based on some of his alleged beliefs. Despite their disagreements with him, they can count on his commitment to tolerance, his fair-mindedness, and his willingness to work with anyone throughout his tenure as Surgeon General of the United States.

The other criticism leveled at Dr. Koop is an allegation that he is without experience in public health. It is true that he does not have a master's in public health, and in fact that few Surgeons General ever have had a master's in public health.

It is also true that he is best known as a distinguished pediatric surgeon who has pioneered major advances in the clinical care of children. But no one can take a close look at Dr. Koop's long career without marveling at the extent of his community involvement and his commitment to promoting and improving public health.

I ask the members of this committee to examine the public health record and Dr. Koop's own personal involvement, and, of course, listen to others who are interested in this nomination as well.

No. 1, public health is the control of epidemics.

More than a decade ago, at the request of the Public Health Department of the Dominican Republic, Dr. Koop successfully organized an end to an epidemic affecting infants where the mortality rate in various communities was between 50 and 70 percent. Many of the physicians brought together by Dr. Koop continue to provide primary care in the Dominican Republic, with many of their medications and protein supplements supplied by a relief agency to which Dr. Koop was elected as a member of the board.

No. 2, public health is the reduction of infant mortality and cancer rates.

The reduction of infant mortality, still a high priority throughout many parts of the United States, has been a lifetime goal of Dr. Koop, and he has been responsible for many advances. In particular, Dr. Koop has contributed to an astonishing reversal in infant survival rates through innovative surgical procedures and improvements in preoperative and postoperative care. He has also devoted himself to educating his colleagues and the public concerning the incidence of cancer in children and has successfully worked for its early recognition and prompt treatment.

No. 3, public health is the delivery of services to the underserved.

Dr. Koop's understanding of the public health problems of the poor and underserved dates back to 1941. He worked in Harlem delivering the babies of poor mothers, usually in their own homes. For more than three decades he has been involved with the provision of care to the underserved populations of the ghettos of Pennsylvania, as the Senators said who preceded my statement.

No. 4, public health is concerned with consumer protection.

While an active member of the Accident Prevention Committee of the American Academy of Pediatrics, he worked with the committee to win a court order removing mint flavoring and green coloring from corrosive oven cleaners, agents which many children assumed to be candy, resulting in serious burns of the esophagus and lifelong problems with the resulting strictures. It is one of many examples of Dr. Koop's work in the field of public health prevention.

No. 5, public health is protection against unnecessary radiation exposure.

While working with a committee of the American Academy of Pediatrics, Dr. Koop alerted members of the medical profession and the public to the dangers of unnecessary radiation exposure to children in the practice of X-raying children's feet to see whether their new shoes fit properly.

As a result of his efforts, X-ray machines were calibrated to limit radiation exposure. In time the practice was discontinued altogether because of its inherent danger to children and sales personnel. Dr. Koop and the academy were able to put this public health hazard to rest by coordinating their health promotion work with State governments and the private sector.

No. 6, public health is epidemiology.

Dr. Koop's first experience with epidemiology came during World War II, as I understand it, when he was the surgical consultant to a hepatitis unit. He first described the passage of hepatitis virus across the placenta which affects a baby while a mother is asymptomatic. His pioneering involvement in epidemiology continues to

be an important and necessary commitment in the teaching of surgery to medical students and residents.

No. 7, public health is concerned with immunization and prevention of disease.

During a period of extended tenure as president of the medical staff of Children's Hospital of Philadelphia, the hospital supervised the operation of the Philadelphia serum exchange. Dr. Koop was involved in the decisionmaking process concerning the appropriateness of research as well as the marketing of those products of blood which could benefit the health of high-risk segments of the population.

No. 8, public health is concerned with cost-effective changes in health care.

A serious concern of public health is the reduction of the length of hospitalization of patients. One of the newer challenges in pediatrics is the increasing number of infants who, after initial emergency care, become dependent on respirators. These children are usually cared for in intensive care units of tertiary care hospitals and the cost of their management can run up to \$600 a day.

Dr. Koop worked with colleagues in getting the crippled children's programs of the States of New Jersey and Pennsylvania to provide care for respirator-dependent children in their own homes at approximately one-tenth the cost of hospital care. I might mention that was part of the inspiration for our home health care bill in this committee, which we hope we can pass within the next number of months.

No. 9, public health is concerned with health in the Third World.

In 1960, Dr. Koop, at the request of the U.S. State Department, traveled to Ghana and carefully negotiated an agreement to build and develop staffing for an American-type medical school in Ghana while competing offers were being presented by nations from the Soviet Bloc. In 1965, Dr. Koop brought together public agencies and private citizens to build a 180-bed hospital to serve the health care needs of underserved Chinese refugees in Hong Kong.

No. 10, public health is training physicians for the next generation.

Dr. Koop became convinced that many Americans going into the practice of international health in Third World countries do so with profound misapprehensions. The cultural shock encountered by many physicians and their spouses frequently results in a waste of training; of expense in transportation; the disappointment of both the physicians and their patients; and, most important, a serious reduction in the effectiveness of health care delivery.

To overcome these obstacles, Dr. Koop procured a sizeable grant from the late DeWitt Wallace of Reader's Digest and, working with MAP International, on whose board he served, established the MAP International Reader's Digest International Fellowships. Dr. Koop has served as chairman of the selection committee for those fellowships for almost a decade.

The committee has sent over 750 medical students to South America, Asia, and Africa for periods of 10 weeks to 6 months in order that they may become acquainted with the rigors of practicing rural medicine under primitive circumstances. Nearly 10 percent of those students who have received a fellowship have changed

their career goals to enter public health. I think that is one of the great compliments that could be thrown your way, Dr. Koop. At the present time approximately 100 students have either entered a school of public health or plan to do so.

No. 11, public health is planning for the disabled.

For the past 36 years, planning for disabled children has been a focal point of Dr. Koop's professional career. He has not only provided surgical and medical care, but he has worked for the rehabilitation of the disabled youngster in the context of his family. In doing so, he has focused attention on the impact of a child's disability on his siblings and on the difficulties to families of raising a physically or mentally disabled youngster. Beyond that, in cases that were not successful, Dr. Koop paid particular attention to the dying child in the family, and his writings on the subject are considered classics in the field.

This is an area where this committee has a great deal of interest and where this chairman has a great deal of interest.

These experiences of Dr. Koop are a representative sample of his extraordinary list of public health contributions. If one with a master's of health or a medical specialty in preventive medicine had done any of these things, he or she would certainly list them as public health credentials.

Equally important, the variety and extent of Dr. Koop's public health experience and his lifelong involvement in the health of communities, both local and international, are indicative of his concern with public health. The Surgeon General has access to a myriad of biostatisticians, epidemiologists, and other public health specialists. He is not supposed to do their jobs. What we should want to know is straightforward: whether Dr. Koop is concerned about public health problems and whether he is capable of organizing efforts to combat these problems.

I speak for all the members of this committee in welcoming you, Dr. Koop, here today. It is an honor to have you among us, and a privilege to have the opportunity to hear you respond to this committee's health concerns.

I have no doubt that the members of this committee will be satisfied with your answers to the questions we pose. Based on your record, your credentials, and your personal integrity, I know that you are the right man for the job.

My staff has received dozens of letters from prominent physicians and leading authorities in the medical profession in support of Dr. Koop's nomination. I would just like to highlight three of those letters which are representative of the many we have received.

The first, of course, is from Dr. Edward J. Stemmler, dean of the University of Pennsylvania Medical School in Philadelphia. Dr. Stemmler is, without doubt, one of the foremost leaders in medical academia today. To save time, I will put this letter into the record rather than read it.

I will put a number of other letters into the record from the University of Pennsylvania, the University of Pittsburgh Resuscitation and Research Center, by Dr. Peter Safar; a letter from the Department of Urology in the Erie Clinic; and other letters and

materials that I have which we will insert in the record at this point.

[The letters referred to follow:]

UNIVERSITY of PENNSYLVANIA MEDICAL CENTER

PHILADELPHIA 19104

The School of Medicine G3

In Response Refer to:

Office of the Dean

September 14, 1981

Senator Orrin Hatch
Chairman
Labor and Human Resources
Committee
U.S. Senate
Washington, D.C. 20510

Dear Senator Hatch:

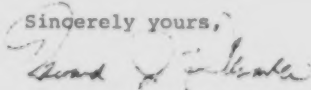
Your Committee will soon consider the nomination of Dr. C. Everett Koop for the position as Surgeon General of the United States. Since Dr. Koop served for so many years as a distinguished member of the faculty of the School of Medicine of the University of Pennsylvania, it seems appropriate that I should comment on his nomination.

Dr. Koop has achieved a level of preeminence as a pediatric surgeon, a professor of surgery, and in his role as Surgeon-in-Chief of the Children's Hospital of Philadelphia. Throughout his career, he has stood for the highest standards of medical practice and has helped to foster the development of the specialty of pediatric surgery. His professional accomplishments are a matter of record, and they have been recognized by many awards conferred in this country and elsewhere in the world.

Dr. Koop is a man of strong convictions. He is widely respected as an advocate for the dignity and the quality of human life. Although he has never held a position of responsibility for the maintenance of the public health, I believe that his skills and inherent strengths will permit him to discharge those responsibilities with wisdom and decisiveness.

Although Dr. Koop has strong convictions and a firm set of beliefs, he also possesses the capacity to relate effectively within a professional community and to elicit loyalty and cooperation from his colleagues and staff. In turn, he is a man who conveys great loyalty to his friends and colleagues and most especially to the standards to which he subscribes.

Sincerely yours,



Edward J. Stemmler, M.D.
Dean



University of Pittsburgh
RESUSCITATION RESEARCH CENTER
3434 Fifth Avenue - 2nd floor
Pittsburgh, PA 15260
(412) 624-6735

September 18, 1981

Senator Orrin Hatch, Chairman
Committee on Labor and Human Resources
U.S. Senate
Washington, D.C. 20501

Dear Senator Hatch:

RE: Nomination of Dr. C. Everett Koop for
Surgeon General

This letter is in support of Dr. Koop's appointment as Surgeon General. Although I am not a public health physician, but rather a clinical teacher, resuscitation researcher and initiator of programs, I believe I have acquired some understanding of medical leadership roles in government, through 25 years of work with national commissions and committees, particularly those concerning emergency medical services (EMS). These included the White House Interagency Committee on EMS and the NAS-NRC Committee on EMS. I testified about EMS before Senator Kennedy's subcommittee on health, and I was author-editor of a book on "public health considerations of critical care medicine".

My views on political and social issues, such as abortion, religion, and "letting die" severely malformed infants -- differ strongly from those of Dr. Koop. While he is considered to be a conservative, I have been labeled as a liberal. Nevertheless, I feel confident that he will not permit his personal "religious" views influence policies and DHHS administrative decisions.

Ever since my work with Dr. Koop in 1952 in Philadelphia (he as surgeon and I as anesthesiologist) I have had off-and-on indirect knowledge about his work. He is one of our country's few leading clinicians who are not only fair, kind and compassionate, but also

Page two

highly motivated toward improving the overall health of the population. He is a generous team leader. He seems equally interested in the delivery of medical care as well as the prevention of disease and accidents. Although I am not qualified to judge his public health experiences, as outlined by the DHHS General Council, they suggest to me that he can make others join forces to help initiate and sustain needed new programs.

Some leading public health specialists have concerns about Dr. Koop's lack of formal training in public health. Some other physicians in such leading roles in the past, who have had no formal public health training, were highly effective. Physicians in leading public health posts of emergency and critical care in some other countries have been more successful in implementing proven new programs than we have been in the United States. Some of this I attribute to the custom of such leaders-administrators to continue working part-time as clinicians and thereby not to lose touch with the real world. Obviously the Surgeon General's associates and team members must include individuals with specialized training and experience in all pertinent areas of public health, with emphasis on preventive medicine. For the position of Surgeon General, however, in my opinion, being a good physician, a responsive understanding leader, and an administrator with vision--as exemplified by Dr. Koop--seems more important than specialized training.

Sincerely,


Peter Safar, M.D.
Distinguished Professor of
Resuscitation Medicine
Director, Resuscitation
Research Center

PS/gh

BIOGRAPHIC SKETCH

SAFAR, Peter, M.D., Dr.h.c. Present positions (1978-), all Univ. of Pittsburgh: Distinguished University Professor (Resuscitation Medicine) and F.S. Cheever Distinguished Professor. Chairman, Scientific Affairs Committee, Dept. Anes/CCM. Anesthesiologist, Health Center Hospitals. Founder-Director, Resuscitation Research Center.

Past positions: Initiator and Chairman, Dept. Anes/CCM, Univ. Health Center of Pittsburgh (1961-78); Dept. Anes., Baltimore City Hosp (1955-61); Dept. Anes., National Cancer Hosp, Lima, Peru (1952-54). Resident, Anes., Univ. Penna., Philadelphia (1950-52). Resident, Surgery & Pathology, Univ. Vienna and Yale Univ. (1948-50). MD, Univ. Vienna, Austria (1948). Assistant Prof, Anes., Johns Hopkins Univ. (1955-61). Board Anes & National Board.

Founding member: National Research Council, Emergency Medical Services (EMS) Committee; American Heart Association CPR Committee; AMA-EMS Commission; International committees on resuscitation, EMS and intensive care (1958-); Society of Critical Care Medicine (President 1972/73); Presidential (White House) Committee on EMS (1974-76); CPR Committee, World Federation of Anes.; Club of Mainz on Disaster Medicine Worldwide (1977); State and local (West. PA) EMS Councils.

Honors and memberships: Doctor honoris causa, Gutenberg Univ. Mainz, Germany (1972). F.S. Cheever Award, University of Pittsburgh (1978/79 and 1979/80); Membership in many societies, including Assoc. of Univ. Anes., American Physiol Soc., Amer. College of Chest Physicians; Shock Society. Visiting Scientist, Cardiovascular Research Institute, Univ. Calif. (1969-70). Wolf Creek Club of resuscitation researchers.

Credited with: CPR research, which led to change from manual to mouth-to-mouth artificial ventilation. Co-initiator of CPR system. First physician-staffed medical-surgical Intensive Care Unit in the USA (Baltimore City Hosp, 1958). First Critical Care Medicine (CCM) fellowship training program (Pgh, 1963-), which led to new multidisciplinary subspecialty of CCM. First American Heart Association CPR instructors courses (Pgh, 1963-). Contributions to CPR, EMS and CCM techniques, teaching and service. Dying and resuscitation animal models. Brain resuscitation research in Pittsburgh (1970-), extending CPR to CPRC.

Over 300 publications, including over 150 original papers, the first mouth-to-mouth and CPR manuals, the World Federation Societies of Anesthesiologists CPR Manual (16 languages). Editor-author of the first textbooks on respiratory therapy (1965), Public Health Considerations in CCM and Anesthesiology (1974), 'Advances in CPR (Wolf Creek Conf 1975) and Emergency Medicine (1978).

Non-medical interests: music (piano); winter sports; water sports; mountaineering; photography; air pollution control; world federalism.

Recent address:

Peter Safar, M.D.
Resuscitation Research Center
University of Pittsburgh
3434 Fifth Avenue
Pittsburgh, PA 15260 USA

Phone:
office: (412) 624-6735
home: (412) 343-2954

Department of Urology
Erie Clinic P.A.
 Hamot Professional Bldg. Condominium
 104 East Second Street
 Erie, Pennsylvania 16507

Richard C. Lyons, M.D., F.A.C.S.
Diplomate American Board of Urology
 John H. Petre, M.D., F.A.C.S.
Diplomate American Board of Urology
 Floyd M. Cair, M.D.
Diplomate American Board of Urology
 Mohamed N. Moakeh, M.D.
Diplomate American Board of Urology
 Samir Basta, M.D.
Diplomate American Board of Urology

Phone: Appointments
 814 / 456-6278
 Phone: Billing & Insurance
 814 / 455-2748

September 10, 1981

Honorable Orrin Hatch
 Chairman
 Committee on Labor and Human Resources
 United States Senate
 Washington, D.C. 20501

Dear Senator Hatch:

I am Chairman of the Pennsylvania State Board of Medical Education and Licensure.

Enclosed is my Curriculum Vitae, which I send to you in the hope of satisfactorily establishing my own medical credentials, together with some degree of credibility supporting my opinions on the following issue; that is, the suitability of C. Everett Koop, M.D. to serve as Surgeon General of the United States, as recommended by President Reagan.

It is a privilege for me to write to you on behalf of Dr. Koop. Out of the more than 30,000 licensed physicians in the Commonwealth of Pennsylvania, it does not seem to me that there is even one more qualified, by accomplishment and temperament, for the position to which he has been recommended than Dr. Koop. Not only in our state, but across the nation, and internationally this fine physician and pioneer pediatric surgeon is admired and respected by the medical profession for what he has accomplished for people, particularly children, and also has done for the advancement of the medical profession itself.

You already have information regarding Dr. Koop's distinguished and multi-faceted career embracing the practice of pediatric medicine and surgery, as well as public health innovations bringing improvement in quality of life not only in our country but in far flung places such as Mexico, Dominican Republic, Ghana, Ethiopia, Nigeria and other Third World countries.

He has been a surgical teacher and pediatrician not only in Philadelphia and Harlem, but also in teaching hospitals all over the world from Greece to Hong Kong. For many years he has been a medical ambassador of good will for the United States, and has been honored with seven Honorary Degrees from respected institutions at

Senator Orrin Hatch

-2-

September 10, 1981

home and abroad.

Dr. Koop's Curriculum Vitae, which I believe to be available to the Senate, is one of the most impressive that I have known of during my many years as a practicing physician and surgeon.

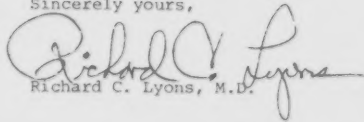
We doctors in Pennsylvania are very proud of Dr. Koop. We look on him as Our Pennsylvanian in the Nation's Capitol.

As we all well know, there are differing opinions over many substantive issues in this grand pluralistic society in which we live and work. Some controversy surrounds all great men, from the President, the Senators, and others in government including dedicated physicians who follow the principles in which they truly believe.

Speaking, as I believe I may, for the vast majority of physicians in our state, may I respectfully urge your Senate Committee on Labor and Human Resources to recommend C. Everett Koop, M.D. to the full Senate for the position of Surgeon General of the United States. This will prove to be in the best interests of our country.

Thank you.

Sincerely yours,


Richard C. Lyons, M.D.

RCL:kl

Enclosures

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 Erie, Pennsylvania 16507

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 Diplomate American Board of Urology
 Mohamed N. Moakeh, M.D.
 Diplomate American Board of Urology
 Samir S. Beata, M.D.

Phone: Appointments
 814 / 456-6278

Phone: Billing & Insurance
 814 / 455-2748

CURRICULUM VITAE

Name:	Richard C. Lyons	
Date of Birth:	November 23, 1919	
Place of Birth:	Corry, Pennsylvania	
Education:	College at the University of Pennsylvania	- 1940
	Medical School at the University of Pittsburgh	- 1944
	Internship: St. Elizabeth's Hospital (Federal Security Agency) Washington, D.C.	- 1945
	Residency in Urology at Mayo Clinic	- 1945-1946 and 1948-1950
Government Service:	37th Station Hospital - Okinawa Physician, U.S. Army Corps of Engineers	- 1947
Medical Practice:	Practitioner/Surgeon in Urology at Hamot Medical Center, Erie, Pennsylvania	- 1950-Present
	(a) Chairman - Department of Urology Hamot Medical Center, Erie, Pennsylvania	- 1955-1968
	(b) Chairman Emeritus - Department of Urology Hamot Medical Center, Erie, Pennsylvania	- 1968-Present
	(c) Consultant Medical Staff, Hamot Medical Center, Erie, Pennsylvania	- 1980-Present
	(d) Member Medical Staff, Saint Vincent Health Center, Erie, Pennsylvania	
	(e) Member Medical Staff, Doctors Osteopathic Hospital, Erie, Pennsylvania	

Richard C. Lyons, M.D.
Curriculum Vitae
Page Two

Licensure	Pennsylvania	- 1945
	Wisconsin	- 1949

Professional Qualifications:

American Board of Urology

Diplomate - 1955

American College of Surgeons

Elected Positions:

Fellow - American College of Surgeons - 1953
Governor (Pennsylvania) - American College of Surgeons - 1975
Re-elected Governor - 1978

Committee Appointments:

Western Pennsylvania Advisory Committee, American College
of Surgeons

College Chapter (Northwest Pennsylvania)

Elected Positions:

Past President - Northwest Pennsylvania Chapter, American
College of Surgeons

Committee Appointments:

Past Northwest Pennsylvania Credentials Committee member
Past Councilor - Northwest Pennsylvania Chapter, American
College of Surgeons

Surgical Specialty Societies:

Elected Positions:

Past President, Urological Association of Pennsylvania
Past President, Mayo Clinic Urologic Alumni Association
Past President, Erie Postgraduate Medical Institute
President, Section on Urology - Pan American Medical
Association
Member - American Urological Association, American
Association of Clinical Urologists, Pennsylvania
Urological Association

Richard C. Lyons, M.D.
Curriculum Vitae
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Committee Appointments:

Past Member, Executive Committee, Urological Association
of Pennsylvania
Past Member, Socio-Economic Committee, Urological
Association of Pennsylvania

Additional Medical Organizations:

Memberships:

American Medical Association, Pennsylvania Medical Society,
Erie County Medical Society, American College of Surgeons,
American Urological Association, American Association of
Clinical Urologists, Pan American Medical Association

Elected Positions:

Past President, Erie Postgraduate Medical Institute
Past Chairman, Medical-Legal Committee, Erie County
Medical Society

Committee Appointments:

Past Member, P.S.R.O. Area I Northwest Pennsylvania
Past Member, Commission on Education and Manpower,
Pennsylvania Medical Society
Past Member, Committee on Discipline, Pennsylvania
Medical Society
Past Member, Audit Committee, Federation of State Medical
Boards of the U.S.
Past Member, Articles of Incorporation & By-Laws Committee,
Federation of State Medical Boards of the U.S.

Civic Organizations:

Elected Positions:

Delegate (1960) Republican National Convention (Alternate)
Past Finance Chairman, Erie County Republican Committee
Member, Lake Erie Committee, Newcomen Society of North
America
Member, The Pennsylvania Society
Member, The Erie Conference
Member, Regional Council, University of Pittsburgh
Member, Board of Trustees, Gannon University, Erie, Pennsylvania
Member, Advisory Council (Erie) Martin Luther King Center
Member, Board of Directors, Veterans Boxers Association
of Erie

Other Not Included in Previous Answers:

Chairman, Pennsylvania State Board of Medical Education and
Licensure, 1976-1978

Richard C. Lyons, M.D.
Curriculum Vitae
Page Four

First Elected Chairman Emeritus of Pennsylvania State Board
of Medical Education and Licensure - 1978
Re-elected Chairman of Pennsylvania State Board of Medical
Education and Licensure - Present time (1981)
Past Member, Governor's Task Force on Health Education in
Pennsylvania
Medical Consultant to Senate of Pennsylvania Select Committee
to Investigate Finances and Admissions Policies of Medical
Schools in the Commonwealth
Member, Medical Evaluation Board of United Neighborhood Facilities
Health Care Corp., Erie, Pennsylvania
Director, Union Bank & Trust Company, Erie, Pennsylvania

Family:

Wife: Norma Wright Lyons

Children: Dorothy, John, Sanford, Timothy, Valerie. Dorothy is a
physician resident in neurology at Cleveland Clinic,
John is a physician resident in orthopedic surgery at
Mayo Clinic, Sanford is a graduate of West Point and is
a first lieutenant in the U.S. Army at Fort Benning,
Georgia, Timothy is in the pre-medicine program at
Gannon University and Valerie is a student at the Villa
Maria Academy.

SAMUEL C. SOUTHARD, M.D., F.A.P., (P.A.)
 7217 ATLANTIC AVENUE
 VENTNOR CITY, NEW JERSEY
 (ATLANTIC CITY)

PRACTICE LIMITED
 TO PEDIATRICS

August 30th, 1981

The Honorable Orrin G. Hatch
 Chairman
 United States Senate Labor Committee
 United States Senate Office Bldg.
 Washington, D.C.

Dear Chairman Hatch:

My sister, Betty Southard Murphy, sent me a copy of the Congressional Quarterly with an article entitled, "Way Cleared For Koop". Thank you for that action.

Dr. Koop's lack of formal Public Health training and employment is one of his assets. Some, in fact too many, physicians trained and employed in Public Health become so muddled in their bureaucratic hierarchy or muzzled by their superiors that they accomplish little in terms of human results. Look at New Jersey with one of the highest incomes of the fifty states and also one of the highest incidences of tuberculosis, cancer, alcoholism, venereal disease, suicide, etc.

As a solo primary physician (Pediatrician) for 30 years, I sent all of my little patients who required major surgery to Dr. Koop. He is a hardworking genius who ranks with the medical greats of present and past history.

Dr. Koop could easily spend the rest of his life in one of two separate careers. The first at the peak of surgery as a consultant, editor, surgeon and lecturer. Or, the second career could easily be spent in active church work. He is needed in both.

Yet he chose to further serve his country in a medical area that has not measured up to the rest of the advances in our wonderful profession. That is, the Public Health Service.

Many physicians who are on the firing line regard Public Health physicians as either second rate or dropouts. Those

Page Two

August 30th, 1981

of us who served in the Armed Forces further lost confidence in the Public Health Service when many physicians scurried to its' refuge to avoid military duty.

The Public Health Service needs a Surgeon General with prestige, charisma, clear thinking and impeccable credentials as a Doctor's Doctor. The Public Health Service should attract men of high purpose and intellect. Dr. Koop would bring all of these things to the Public Health Service plus the strength of Peter, the dedication of Paul and the gentle wisdom of Luke.

I request that this letter be made a part of his confirmation hearing.

Respectfully submitted,

Samuel C. Southard, M.D., F.A.A.P.

SCS/ATS

THE JOHNS HOPKINS UNIVERSITY

SCHOOL OF HYGIENE AND PUBLIC HEALTH

DEPARTMENT OF INTERNATIONAL HEALTH

615 North Wolfe Street • Baltimore, Maryland 21205

Cable Address: PUBHYG
Phone: (301) 955-3934

August 27, 1981

Senator Orrin Hatch
Chairman
Committee on Labor and Human Resources
United States Senate
Washington, D. C. 20501

Dear Senator Hatch:

Over the years one of our greatest problems in international health has been to get support for students to gain practical experience overseas. Without such experience students interested in international health careers have been unable to get the field experience needed to plan realistically. The only way I know for someone to tell whether international work is what they want and should do is to actually spend a period of time in an overseas setting working at grassroot level. We have tried many ways of predetermining through standard selection devices who is likely to do well and I have come to the conclusion that the only thing that really works is personal exposure. This permits students to get over their initial starry-eyed idealism and develop a balanced perspective of realism in understanding what they will be doing and how they will respond to situations of massive need. The most idealistic students often end up being overwhelmed by the need so that they: reject the reality, wall themselves off behind a shell of ego protection, or focus on a limited activity where they can make a discrete contribution. It is only through field experience that we can tell which students are going to respond positively and grow into the sorts of individuals who can make appropriate and broad contributions to health and development.

Another major consideration for which the evidence is now strong is that international experience is one of our best recruiting mechanisms for getting the best candidates into the careers most needed for health improvement in the U.S. No other type of educational exposure has as consistent an impact on attitudes and values or as effectively serves to recruit good young doctors into careers oriented toward public health and prevention. Students or mature doctors equally come back from a period of working overseas with a totally new perspective on service possibilities in the U.S. They see things around them that they would have ignored earlier. By being exposed to massive need in a different culture where they are less likely to excuse a lack of official and social concern about the needs of the poor they come back with a new appreciation of the potentials in the health professions for making significant contributions in the lives of those who have been deprived.

Senator Orrin Hatch

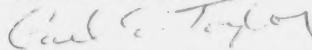
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August 27, 1981

The evidence on the value of international exposure of students in the health professions is clear. It has, however, been extremely difficult to get support for such experience. Several programs such as that supported by Smith, Kline and French have all been closed down. The only program that has continued and still provides opportunities to students is the MAP/Reader's Digest Fellowships. Dr. Everett Koop is the person who deserves most credit for establishing this activity. In his work with MAP he had seen personally the great contributions of mission hospitals. He had seen that in spite of all the patients treated there was often little change in health conditions around the hospitals and that the only way for such changes to come would be through more preventive activities. He helped in promoting a new emphasis in mission hospitals to encourage them to do more than curative work and start public health measures working with local communities as they improve local health conditions.

Dr. Koop obtained from Dewitt Wallace of the Reader's Digest a grant of several million dollars, the income of which has been used to finance the fellowship program for students. Their work in mission hospitals has been remarkably effective in crystallizing their career goals. Over 10 years 733 students have received fellowships, and only 77 have not completed their overseas experience. Students from 94 American and 15 Canadian, British or Australian schools have been assigned to 54 countries. Of these 385 went to Africa, 191 to Asia, and the remaining to Latin America and Alaska. Nine percent have changed their career plans to go into international work and 19 percent are considering the possibility. Twenty-five students or 4 percent plan to enter a school of public health. From my knowledge of his involvement in the MAP/Reader's Digest Fellowship program, I have been impressed with Dr. Koop's sincere interest in international health activities.

Very sincerely yours,



Carl E. Taylor, M.D., Dr. P.H.
Professor and Chairman

CET/ac

cc: Mr. Carl A. Anderson

THE MOSES H. CONE MEMORIAL HOSPITAL

GREENSBORO, NORTH CAROLINA 27420

DIRECTOR OF NURSERIES
Henry R. Boer, M.D.

Office (919) 379-3963
NICU (919) 379-4190

August 28, 1981

The Honorable Orrin G. Hatch
United States Senate
Washington, D.C. 20510

Dear Senator Hatch:

It is my understanding that in the very near future Dr. C. Everett Koop will be nominated for the position of Surgeon General of the United States, and that subsequent to the nomination the Senate Labor and Human Resources Committee will hold confirmation hearings.

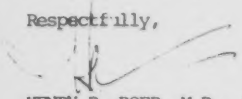
I do not know Dr. Koop personally, but I am very familiar with his work. As a physician, I deeply respect him. There has been a fury of controversy regarding this nomination. Many people feel that he is not qualified for the position of Surgeon General because of his lack of public health experience. This may be true, however, he is not unlike many others who have to make major decisions in areas which are not their field of expertise. One cannot possibly be an expert in every field, yet one is still able to make wise decisions.

Dr. Koop has strong personal convictions, he lives up to them and does not render "lip service". I also believe that Dr. Koop is aware of his limitations. I am confident that he would appoint an expert staff and seek expert advice on which he would base his decisions.

I strongly urge you to support the nomination of Dr. Koop as the next Surgeon General of the United States.

The above reflects my personal opinion, and does not necessarily represent the opinion of my institution.

Respectfully,



HENRY R. BOER, M.D., M.P.H.
Director of Nurseries
Chief, Neonatal Medicine

HRB:sjc

August 21, 1981

The Honorable Orrin Hatch
Chairman, Subcommittee on Health
Senate Labor and Human Resources Committee
Russell Building - Room 411
Washington, D. C. 20510

Dear Senator Hatch:

The Association of State Maternal and Child Health and Crippled Children's Services Directors is pleased to support the nomination of C. Everett Koop, M.D., for the position of Surgeon General of the United States Public Health Service.

Dr. Koop has a long and distinguished career dedicated to the improvement of children's health both in this country and worldwide. Dr. Koop has been a pioneer in pediatric surgery and anesthesiology and has made enormous contributions to their growth through numerous authored publications. He has displayed a deep and abiding concern for his patients and their families. A brief review of Dr. Koop's extensive curriculum vitae attests to his outstanding accomplishments.

Dr. Koop has been instrumental in bringing together local community resources in order to care for the broad range of problems besetting the disabled child and his family. We applaud Dr. Koop's desire to assume the proper care for the disabled child as well as to seek primary preventive strategies to reduce these disabilities.

Throughout his career as a clinician, Dr. Koop has demonstrated a keen awareness for the multiplicity of issues that affect the individual patient's well being as well as those that affect the larger context. In this sense, Dr. Koop has appreciated the public health concerns associated with successful patient care.

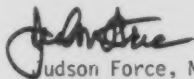
The Honorable Orrin Hatch

August 21, 1981

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As we understand Dr. Koop's present agenda for improving the public's health, it includes promoting the general health through effective prevention strategies, improving maternal and child health, reducing the incidence of and improving the care for disabilities, and bringing together the necessary components to care for the country's growing elderly population. We believe that the public's health will be well served by Dr. Koop's appointment as Surgeon General. We look forward to working together with him in addressing our primary public health cause--improving the health of children and their families in this great nation.

Sincerely,



Judson Force, M.D.

President,

Association of State Maternal and Child
Health and Crippled Children's Services
Directors

JF:ms

cc: Edward N. Brandt, Jr., M.D.
C. Everett Koop, M.D.

The CHAIRMAN. At this point we will turn to the distinguished ranking minority member of the committee, Senator Kennedy, for his comments.

Senator KENNEDY. Thank you very much, Mr. Chairman.

I, too, want to extend a word of welcome to Dr. Koop from this committee.

We are here today to consider one of the most important nominations that comes before our committee, the Surgeons General of the United States. The Surgeon General is America's pre-eminent public health professional, charged with guiding the 6,000-member Public Health Service Commissioned Corps and helping to develop our Nation's public health policy.

The role of the Surgeon General has become increasingly prominent in recent years. There is a growing awareness of the importance of public health to our national well-being. What American has not heard of the Surgeon General's report on smoking and health, a watershed in our understanding of how personal habits contribute to illness and disease?

But many may not be familiar with the broad public health responsibilities of the Surgeon General and the Commissioned Corps that he heads. In the nearly 200 years since the founding of the U.S. Marine Hospital Service in 1798 the Corps' responsibilities have grown from the care of sick and injured seamen to encompass the full range of issues covering disease prevention and health promotion.

The Nation has been fortunate in the high caliber of public health professionals who have served us so well as Surgeons General. Past Surgeons General have been drawn from the ranks of the Commissioned Corps and from distinguished backgrounds in public health and administration. Each has shown a dedication and commitment to the special issues of public health at the international, Federal, State, and local levels.

Recognizing the longstanding practice of selecting the Surgeon General from the public health community, Congress recently enacted formal criteria for the office. The statute provides:

The Surgeon General shall be appointed from individuals who are members of the Regular Corps and have specialized training or significant experience in public health programs.

The next Surgeon General will face major challenges in carrying out the responsibilities of this office. The runaway costs of "sickness care" have brought home dramatically the importance of prevention, health promotion, and health education.

The Surgeon General's task will be complicated greatly by the administration's budget cuts in key areas such as disease prevention and health promotion. Block grants, too, will raise serious questions about our ability to continue promising public health initiatives. Now more than ever, public and private health professionals will look to the Surgeon General for leadership and expertise to respond to the public health issues facing our Nation today. As we listen to the testimony today, we must bear in mind the importance of the Office of the Surgeon General, and our responsibility to assure that the nominee has the skills, dedication, and commitment to meet these critical challenges.

The CHAIRMAN. Thank you, Senator Kennedy.

Senator Nickles?

Senator NICKLES. Thank you, Mr. Chairman. It is a pleasure to be here and to welcome Dr. Koop for his confirmation hearing.

It is a pleasure to participate in the hearing of Dr. Koop to be Surgeon General of the United States. I believe Dr. Koop comes to this committee with a list of credentials and a broad base of experience that I personally find very impressive.

His achievements in the area of pediatric surgery attest to more than just the fact that he is an excellent surgeon. I believe they say something about his ability and motivation to excel and to be the very best in everything that he undertakes. We need more people with that type of drive working in the Federal Government today.

Some question has been raised about Dr. Koop's background in public health. Just from a brief look we have taken at the backgrounds of other Surgeons General, I am convinced that he certainly is as well qualified as many who have been appointed.

I also have familiarized myself with the specifics of Dr. Koop's broad range of experience in the health field and look forward to hearing his testimony today for further elaboration.

Finally, let's not penalize a man for acting upon his most sincere and deepest convictions. In a day when so many have been apathetic or oblivious to the problems that our country is facing, I find it refreshing and further evidence of all that encompasses compassion and vision when someone is willing to stand up and confront the issues of today.

Dr. Koop is to be commended for his forthrightness and for his convictions for making a positive change in America.

I believe it is, indeed, a pleasure to participate in these hearings with Dr. Koop today. I welcome him and look forward to his being confirmed by this committee and also by the Senate.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Nickles.

Senator Metzenbaum?

Senator METZENBAUM. Mr. Chairman, I approach this hearing with an open mind and some concerns on both sides of the issue as to whether Dr. Koop should or should not be confirmed.

I do so, because of the one issue that has been given the most attention, the so-called right-to-life issue. That issue, the doctor has been quoted extensively and to which he has addressed himself—I doubt very much that his views and mine would be in accord.

When Justice O'Connor was up for confirmation I made it very clear at that time that I was not willing to judge any person for confirmation to the Supreme Court or for any other position, including the Surgeon General, on the basis of one issue.

Therefore, I would say very openly and without reservation that my determination as to whether or not I vote for his confirmation will not relate to whether or not I agree with the doctor in connection with that particular issue. Just as I would think it inappropriate to judge Justice O'Connor in connection with her confirmation on the basis of any one single issue, I would think it inappropriate for me to judge Dr. Koop in connection with this nomination on the basis of any one single issue.

What does concern me, however, is Dr. Koop's apparent lack of public health experience. The Surgeon General's responsibilities in

the area of disease control and the area of environmental protection, behavioral sciences, public administration, and occupational health issues—these are areas that do fall very much within the purview and responsibility of the Surgeon General. Therefore, I will be interested in the testimony with reference to your experience and your expertise in these areas.

There seems to be no question whether you are an able pediatrician. You are a renowned pediatrician and have earned great respect as a professional in that area.

I should say to you that one of Cleveland's most prominent surgeons came to me on your behalf and expressed his great respect for you. Apparently you and he have studied together. He does not happen to be a pediatrician, but he is a very prominent surgeon and friend. He made his views very clear as to your capacities and abilities.

The fact is I also am interested in your views with respect to that which I consider to be more than a single issue; that is, the appropriate status of women in our society and in the employment field, in the professional field.

Therefore, Dr. Koop, I will look forward to your testimony as well as the testimony of others in connection with this confirmation hearing.

The fact that such prestigious groups as the American Public Health Association, the U.S. Conference of City Health Officers, the American Nurses Association, a number of labor groups, the Association of Teachers of Preventive Medicine, Women and Health Roundtable, B'nai B'rith Women, Planned Parenthood, Center for Science and the Public Interest, Women's Health Network, National Organization for Women, and the American Association of University Women have all indicated, reportedly, their opposition to your confirmation certainly provides a cause for concern.

Therefore, I enter these hearings with a very open mind and at this point not really determined in my own mind as to my personal reaction as to whether you can or cannot responsibly fill the role of Surgeon General of the United States.

The CHAIRMAN. Thank you, Senator Metzenbaum.

At this time we shall place the statement of Hon. Gordon J. Humphrey in the record.

[The prepared statement of Senator Humphrey follows:]

PREPARED STATEMENT OF SENATOR HUMPHREY

Mr. Chairman. Unfortunately, a previously scheduled speaking engagement prevents me from joining you this morning for the hearing on the nomination of Dr. C. Everett Koop to be Surgeon General of the United States. Nevertheless, I did want to take this opportunity to include a brief statement for the record.

As you know, Dr. Koop is an eminent pediatric surgeon who has been involved in a variety of public health programs in such Third World nations as the Dominican Republic, Mexico, and Ghana. Like me, Dr. Koop also has some strong views on abortion, and there are some who would suggest that such views automatically disqualify a person from the post of Surgeon General. I couldn't disagree more.

Mr. Chairman, the hearing this morning will help to clear the air on all issues surrounding Dr. Koop's nomination. I look forward to examining the hearing transcript, and intend to continue to work with you as we consider President Reagan's nominations and his thoughtful program for economic recovery and reduced Government regulation.

The CHAIRMAN. Now we will turn to our colleague from West Virginia, Senator Randolph.

Senator RANDOLPH. Mr. Chairman, yesterday it was my responsibility as well as a privilege to talk with Dr. Koop. We met in the office in this building which I occupy as a Senator from West Virginia. We talked perhaps for 30 to 35 minutes. I had questions for Dr. Koop, and he responded to them.

It is always important for those of us who have the jurisdiction within this committee to pass upon the position for which you have been nominated by the President, Dr. Koop, to come to a hearing of this kind because insofar as possible our attendance here, or at least our reading of the testimony, is very important when we actually vote to withhold your nomination from the Senate or to report it favorably.

In this situation, Mr. Chairman, I am very frank to tell you that a schedule that I have in the State of West Virginia makes it absolutely necessary for me to leave on the commuter plane for my home city at 12:25 this afternoon, and I will be unable to remain for the entire hearing. It is something that had been arranged many weeks before this date. Mr. Chairman, I necessarily will have to read the testimony on questions that presumably members here now and maybe members who will come to the meeting will ask Dr. Koop, and his responses to them. Therefore, it is for that reason that I must read what is said by Dr. Koop to others who question him, at a later time.

Mr. Chairman, is this a 1-day hearing or do we propose perhaps to have 2 days? Has there been any decision in that matter?

The CHAIRMAN. We are just going to have hearings this 1 day, Senator Randolph. We have a wide variety of witnesses today. I think both sides will be able to testify and the hearing record will be made today.

Senator RANDOLPH. Thank you very much.

Will the members of the committee be asked to report the nomination during this day or will that be at a later date?

The CHAIRMAN. We will have to have an executive session to vote on the nomination. That will not occur until we get back from the recess.

Senator RANDOLPH. The recess? I thought we were back Monday.

The CHAIRMAN. The recess begins after next Tuesday and then we will be back after that intervening time.

Senator RANDOLPH. Is the Senate not in session Monday?

The CHAIRMAN. If there is no objection, we could hold it next Monday.

Senator RANDOLPH. I have no desire to complicate any arrangements made by Senators. I am only saying I know we are in session next Monday.

The CHAIRMAN. Yes, we are next Monday and I believe next Tuesday as well.

Senator RANDOLPH. Yes, that is correct.

The CHAIRMAN. If our colleagues in the minority would not care, we could set this for Monday. That would be fine.

Senator RANDOLPH. Do you see why I am asking this? I am going to have to refer to the question asked and to the responses by Dr. Koop in these matters in part at least.

The CHAIRMAN. If the Senator would yield, it is my understanding that we will have to hold this after recess.

Senator RANDOLPH. That will not be Monday or Tuesday?

The CHAIRMAN. That is correct.

Senator KENNEDY. If the Senator will yield, there are Jewish holidays next week, and the majority leader and the minority leader have announced that the Senate will not be in session during those holidays. As I understand what the chairman is saying now, it is that after the Senator respects those holidays we will be back in session, and at sometime at the convenience of the members of the committee we will call a session to consider this nomination.

Senator RANDOLPH. I thank both the ranking member of the minority and also the chairman.

The CHAIRMAN. Senator Randolph, we will call this meeting after we get back. You will have some advance notice on that.

Senator RANDOLPH. May we go off the record, Mr. Chairman, if that is possible?

[Off the record.]

Senator RANDOLPH. On Monday and Tuesday there will be no action. Is that correct?

The CHAIRMAN. That is right. Next week there will not be action.

Senator RANDOLPH. Mr. Chairman, the purpose of any hearing—this hearing as well as others that come before us—is carefully to evaluate the information by the give-and-take and the colloquys. Also, it is my understanding, Mr. Chairman, that during this hearing there will be proponents and opponents of Dr. Koop. Is that correct?

The CHAIRMAN. Yes, sir; that is correct.

Senator RANDOLPH. How long is this list?

The CHAIRMAN. It is a pretty long list. We have Dr. Koop scheduled to speak, four persons on the first panel, three persons on the second panel, two persons on third panel, and two persons on the last panel. It is a wide-ranging, very extensive set of witnesses in this hearing today.

Senator RANDOLPH. Dr. Koop, I told you yesterday that certain communications, letters, and message carried through the mail and by phone and telegram has come from the State that in part I represent, with Senator Byrd, the ranking minority member of the Senate. Most of the communications which we have received have questions. Some are outright and request my not supporting this nomination.

In general Dr. Koop—and you will address yourself to these matters, I know—they speak of your lack of what they call a necessary experience and training in public health to qualify you for certainly a very critical and key role in the position for which you are to be considered, the post of Surgeon General.

Dr. Koop, how long have we had a Surgeon General in the United States?

Dr. KOOP. Since 1875.

Senator RANDOLPH. 1875. Has the selection of the Surgeon General been as we have it today, through the process of the Senate with the nomination coming to us from the President, and then the agreement or disagreement of the Senate itself?

Dr. KOOP. I know that the last eight have come that way, sir, I think the others came in a different manner up through the Commissioned Corps.

Senator RANDOLPH. That is my understanding. We discussed that.

I am certain in my own mind by the type of communications that I received that these men and women have concerns. I am going upon the theory that they are very genuine concerns. They are raising questions that will be placed, I am sure, upon the record here today and possibly at a later date. This hearing or hearings will give you the opportunity, and it will give others who oppose you the opportunity, to go into these matters that they have presented.

I do not want the record to skirt an emotional issue. That is one reason, very frankly as I see it, that has been placed forward by some people in opposing your nomination. I do not want that to happen.

I know that there were men and women in this country who did not want Sandra O'Connor as a member of the Supreme Court because she is a woman. I know others wanted her very much because she is a woman. As a woman she has to have the ability not to make decisions from a feminist viewpoint but she has to make decisions based upon the matters that are before her as a Supreme Court judge. I felt that very strongly.

I asked the chairman of the Senate Judiciary Committee, Senator Thurmond, if I might have the opportunity to come to the hearing and appear briefly in behalf of Sandra O'Connor. I felt it was important that perhaps one person who is not on the Judiciary Committee, and not as a Democrat or Republican, come as an individual Senator who believes in participation where women who are qualified have an opportunity—and, yes, the responsibility—to serve in high office.

We have 4 million more women in this country of voting age than we have men of voting age. Therefore, women are important in the structure of the responsible citizenship in this country. This is not the time for me to say it, but I was here when Frances Perkins was nominated by another President, not President Reagan but by President Roosevelt. When did he do it? On the day that he was sworn in. On March 4 he nominated Frances Perkins to be the Secretary of Labor of the country. She has a constructive career for 12 years. I applauded that, and I applauded the action of President Reagan in the matter of Mrs. O'Connor.

Why am I taking this time? It is because, as Senator Metzenbaum and others have said, we must not make a decision in this matter upon one issue. I cannot believe that someone would make it upon one issue, but certainly that is the right of anyone.

I want the record to be very clear because it is not a new position for me. My voting record in the Senate over a period of 23 years has been against the payment of Federal funds for abortions. You recall that we discussed that. That is your position, also as I understand it. Is that correct?

Dr. KOOP. Yes, sir.

Senator RANDOLPH. Any decision that I would make on your nomination, if I were to base it only on the one matter, it would be

very easy for me to say, "Dr. Koop, we are together." So I would vote one way or the other, presumably in that instance with you.

I am strongly opposed to abortion. That is known in the State of West Virginia and has been known through the years. I believe there are special cases where the life of an individual is involved where abortions must be considered and action must be taken. I believe it is the right of any woman to have an abortion if she desires in such a special case. I am only talking about a Federal program in connection with abortion in this country where there should be an absolute prohibition.

Do we share the same view on that subject, just for the record?

Dr. KOOP. It would be difficult to answer that question, sir, in just a word. However, in general as you were developing that, and in view of the law of our land, I would have to agree with you.

Senator RANDOLPH. Dr. Koop, this is a question that I would like very much for you to answer. I do not want you to read or quote from the background materials supplied to this committee. We have that. This information is somewhat in dispute.

The question is this, Dr. Koop: Will you describe for the members of this committee in precise detail how and why you believe that you do meet and have met the statutory requirements that the Surgeon General must possess, specialized training or significant experience in public health programs? How does this public health experience differ from your 33 years, as I understood it as we talked yesterday, of clinical experience in pediatric medicine?

I am very appreciative, Mr. Chairman, that you have allowed me this extended—perhaps too extended—discussion with Dr. Koop. I have done it only because I want it known why I am not here today. If you will check the record of nominations in any committee on which I serve, I have been there. However, it is absolutely impossible for me to work with you and other members of the committee today.

I thank you very much.

The CHAIRMAN. We understand that. Senator Randolph, we appreciate your statement.

Certainly Senator Randolph is one of the more dedicated members of our committee. He always has been and I think he always will be. He is very thorough. We appreciate having him with us today.

At this point, without objection, we will insert the opening statement of the Honorable Jeremiah Denton, a member of this committee, into the record.

[The prepared statement of Senator Denton follows:]

PREPARED STATEMENT OF SENATOR DENTON

Mr. Chairman, since the President nominated Dr. C. Everett Koop to be Surgeon General, I have looked forward to this day when I could publically welcome Dr. Koop and add my strong support for this inspired selection.

The Office of Surgeon General should be filled not only by one with experience in and concern for the Nation's overall health and well-being, but one dedicated to the protection and promotion of it. Dr. Koop, in my estimation, is uniquely qualified in both regards.

My association with Dr. Koop dates to before my candidacy for the Senate. I first met Chick when we were both speakers at a conference on children in my home State. Since that time, I have come to appreciate even more his background,

insights, and aptitude. It has been a long road that has brought him here today. While his past was more than a preparation for this job, there is much yet to be done. As Surgeon General, Dr. Koop will have the means to carry on the great work he has begun.

Professionally and personally, I can add little in praise to what has already been stated by others about Dr. Koop's accomplishments at home and abroad. Dr. Koop is his own best advocate.

I also would like to commend the chairman of the committee for inviting Dr. Ira Myers—Alabama's distinguished chief health officer—to contribute to the record on Dr. Koop's expertise. Dr. Myers has served Alabama in this capacity longer than any other previous administrator, and nationally holds the second longest record of continuous service as a chief State health officer. He is without doubt, the most well-respected man in health matters in Alabama, a good administrator and a compassionate individual. I am sure my colleagues will benefit from his views on Dr. Koop's competency and capacity to perform well the duties of Surgeon General.

The CHAIRMAN. Dr. Koop, let's turn to you for your statement.

STATEMENT OF DR. C. EVERETT KOOP, NOMINATED TO BE SURGEON GENERAL OF THE UNITED STATES

Dr. KOOP. Mr. Chairman and members of the committee, it is with a sense of gratitude that I come before you today—gratitude first to the President of the United States for nominating me to the position of Surgeon General of the U.S. Public Health Service and gratitude to the members of this committee for the gracious manner in which they have received me.

I would like to acknowledge the close cooperation between the present Secretary of Health and Human Services and the distinguished ranking minority member of this committee and their considerable contributions to improving the health of the people of this Nation.

My special appreciation goes to you, Mr. Chairman, for your concern throughout the past several months for the importance and the value to the American people of the post of Surgeon General. It is in that same spirit that I am here this morning as the nominee for the position of Surgeon General.

Mr. Chairman, there have been but a dozen men who have held the position of Surgeon General since that title was authorized in 1875. If this committee should recommend to the Senate that I be approved, then it will be my good fortune to succeed these eminent men of medicine.

But I understand that this is not a decision the committee or the Senate will make on behalf of C. Everett Koop. It is a decision made on behalf of the people of the United States and their unique Public Health Service. It is my hope that in the next few minutes I may indicate to you the kinds of professional and personal strengths I would bring to this position so that, if confirmed, I may add my contribution to those made by my distinguished 12 predecessors.

Those 12 men who have held the position of Surgeon General thus far have been able to function effectively because each has shared three kinds of experiences vital to success in that position:

First, a professional career in medicine through which he has learned the specific problems of an individual encountering his or her environment.

My professional career began at age 29 as the sixth surgeon in the United States to confine his surgical practice exclusively to the

care of children. In addition to applying my surgical skills to improve the health of the individual child, I helped found the societies pertinent to pediatric surgery and established liaison with other distinguished bodies, such as the American Academy of Pediatrics and the American College of Surgeons.

In order to more broadly address the health of all children, I founded the first and only Journal of Pediatric Surgery in English and was editor-in-chief of that journal for 12 years in addition to my other duties.

Thirty-five years ago the surgical mortality of children was abysmal, particularly that of infants and especially the newborn. In the words of the past Surgeon General, "The health of the Nation can be no better than the health of its children."

I believe I contributed significantly to the improvement of child health in our country—first, by assessing the need for improvement in pediatric anesthesia and providing leadership as well as participation in the establishment of the specialty of pediatric anesthesiology; second, by direct contribution to the basic knowledge of surgical techniques as well as pre- and post-operative care of children; then by establishing with a grant from the Children's Bureau the first neonatal intensive care unit in this country; and, finally, by contributing technical changes to the most widely used incubator for premature infants so that surgical patients could be cared for in that minienvironment.

When I left my surgical life in the spring of this year I had been practicing the specialty of pediatric surgery longer than anyone else in this country.

The second attribute vital to the effectiveness of a Surgeon General is some experience in dealing with the broad health issues of a cross section of American society—sometimes as a physician in a hands-on practice; sometimes as administrator of a medical or public health organization.

In 1946 I assumed the responsibilities of surgeon-in-chief of the first and oldest children's hospital in America, the Children's Hospital of Philadelphia. I became responsible for half of the beds in the children's hospital, was director of one of the most sought-after pediatric surgical training programs in North America, drew together as a partnership a most comprehensive group of surgical specialists for children, and was for five terms the president of the medical staff of the Children's Hospital of Philadelphia.

These endeavors were not only associated with the practice of clinical surgery, but required administration of the eight surgical divisions in the department of surgery, the training program, the research effort, the liaison between hospital and university, and the administration and leadership of the surgical partnership.

Fundamentally, public health addresses the health care needs of populations rather than of individuals. Perhaps because of the newness of my specialty, perhaps because of the time in which I began, my concern for individual patients has generated an overriding concern for one of this Nation's most valuable resources—children. During my career I have organized or participated in a number of public health initiatives for children, who in a sense represent a microcosm of our larger society.

Mr. Chairman, I do not want to repeat all of the things that you so graciously said about me and that Senator Hatfield said. I might just add a few words to what has been said about my participation in the protection of the public from radiation exposure, from corrosive oven cleaners, the experience with the hepatitis unit, the work on the transmission of the virus of hepatitis, the work with cancer, and my work in Ghana.

You heard about my interest in the health problems of Poland. I would like to call to your attention the fact that my experience abroad has not been confined just to the lesser developed countries, but I have been involved in teaching of pediatric surgery in the United Kingdom, France, Spain, Italy, Germany, Sweden, Denmark, Holland, Greece, Iran, Thailand, the Philippines, Taiwan, Japan, and Hong Kong.

You have heard about the Dominican Republic's epidemic of diarrhea, my long-term interest in the Tarascan Indians of Mexico, and the Reader's Digest international fellowships.

Mr. Chairman and members of this committee, I believe that my role as a physician has enabled me to see the problems of larger segments of our population. I think the clinical and administrative experience I have recounted to you indicates that I have been able to assess public health problems and address them either by active personal participation and/or team leadership to bring a satisfactory conclusion to a public health endeavor. I think, therefore, that the extensive experience I have had as a clinical surgeon enhances the skills that I bring to the post of Surgeon General.

One role of the Surgeon General that is usually invisible to the general public is the leadership of the U.S. Public Health Service Commissioned Corps. I think this Commissioned Corps of the Public Health Service is one of the organizations of which this country has the right to be most proud.

I believe in the existence of a Commissioned Corps, flexible and available on 24-hour notice. I believe in the significance of its mission and in the use of the Corps for national health emergencies and other special efforts, such as the screening of refugees, Three-Mile Island, Mount St. Helen's, and so forth.

Since I have been in Washington as Deputy Assistant Secretary for Health I have visited public health facilities and attended meetings of officers of the Commissioned Corps. I am committed to effective leadership of the Commissioned Corps and to keeping you and the country informed of the valuable services the Corps performs on your behalf.

Assuring the health of our people has become very complex of late. This is a time when people need a growing sophistication in reference to the health advice they want and may not always receive. Therefore, it is, I believe, a time when this role of the Surgeon General must be tended with great care.

I want to stress to you my overriding commitment to provide straightforward, helpful information to the general public regarding the prevention of disease and the promotion of health. This function of the Surgeon General must be carried out diligently on the basis of good science.

If I may, Mr. Chairman, I would like to present to this committee for the record a description of the current effort of this type;

namely, "Healthy Mothers," an information program. You will note that many of the messages are from the Surgeon General of the United States.

The CHAIRMAN. Without objection, that will be admitted into the record.

Dr. KOOP. Thank you, sir.

[The information referred to follows:]



healthy mothers, healthy babies

"HEALTHY MOTHERS, HEALTHY BABIES" PUBLIC INFORMATION PROGRAM

WHAT IS IT?

"Healthy Mothers, Healthy Babies" is a public education effort being carried out through a partnership among government, professional, and voluntary organizations and agencies. Its purpose is to:

- provide information promoting healthy behavior to pregnant women and women planning pregnancy;
- increase their understanding of health risks and the importance of taking personal responsibility for their health and the health of their infants;
- motivate them to take action to protect their health, obtain regular prenatal care and seek other counsel or assistance when needed.

WHY IS IT BEING DONE?

The program was launched as one means of achieving the U.S. Department of Health and Human Services' Health Objective for the Nation to improve maternal and infant health. In Promoting Health/Preventing Disease: Objectives for the Nation (DHHS 1980), eight specific objectives are proposed to improve pregnancy outcome and infant health during the 1980's. Of these, one of the most important is the goal of no more than nine infant deaths for each 1,000 live births by 1990, with no county and no racial or ethnic group having an infant mortality rate in excess of 12 per 1,000 live births.

Achievement of this goal depends largely on provision of high quality prenatal, obstetrical, and neonatal care; preventive services during the first year of life; professional education; and broad public information activities aimed at pregnant women and their families. While these elements all require a long-term commitment of interest and resources, "Healthy Mothers, Healthy Babies" has been organized primarily to work toward improving the quality and reach of public education on prenatal and infant care.

WHO IS DOING IT?

The program is being implemented by a new "Healthy Mothers, Healthy Babies" Coalition, an informal association of professional, voluntary, and government

organizations with a common interest in prenatal and infant health. The Coalition is being organized through the efforts of a Steering Committee currently composed of six organizations: the March of Dimes Birth Defects Foundation, the American Academy of Pediatrics, the American Nurses Association, the American College of Obstetricians and Gynecologists, the Parent Teachers Association, and the U.S. Public Health Service.

WHAT HAS HAPPENED SO FAR?

In September 1981, the Steering Committee sponsored a "Healthy Mothers, Healthy Babies" organizational conference in Washington, D.C. The conference brought together representatives of more than 36 national voluntary, professional, and government organizations to discuss methods of collaborating in conducting the "Healthy Mothers, Healthy Babies" campaign.

One important result of the conference was a growing interest on the part of various organizations to work together in a long-term effort aimed at improving maternal and infant health. In response to this interest, the Steering Committee has initiated several activities, including:

- A call for interested organizations to participate in the "Healthy Mothers, Healthy Babies" Coalition. The Coalition will provide a means for organizations with shared goals to work together in three principal areas: information exchange about educational materials, news, and effective program approaches; joint dissemination of materials through State and local channels to relevant target audiences; and shared production of high-quality print, broadcast and film products.
- Development of a "Healthy Mothers, Healthy Babies" newsletter to provide an ongoing mechanism for exchanging news and information among interested groups. The newsletter is being sponsored by the American College of Obstetricians and Gynecologists, and initially will be published on a quarterly basis. Interested groups may receive the newsletter free of charge.
- Development of a directory of educational materials on prenatal and infant care produced by voluntary, professional, and government organizations. The directory will contain both printed and audio-visual materials designed for the public and professionals, and will be updated periodically. Interested organizations are being asked to prepare entries describing existing materials, and to provide periodic updates.

- Development of new materials. A series of six posters, designed under contract for the Public Health Service, is being developed to reach low income pregnant women with information on nutrition, smoking, alcohol use, the need to continue seeing their physician during the course of pregnancy, and similar topics. Accompanying information cards with additional facts on each topic will allow women to take the message home with them. Private sponsors are being sought to help defray the cost of printing and distributing the materials to 10,000 clinics across the country.

In addition, a series of radio spots is being produced jointly by the Public Health Service and the March of Dimes. The spots, narrated by the Surgeon General, give advice on a variety of topics important to good health during pregnancy.

IS MORE INFORMATION AVAILABLE?

For more information on "Healthy Mothers, Healthy Babies," how to participate in the "Healthy Mothers, Healthy Babies" Coalition and the other program activities, and how to subscribe to the newsletter, contact:

Ms. Elaine Bratic
Acting Director
Office of Public Affairs
Public Health Service
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Telephone: (202) 245-6867

Dr. KOOP. One of the mechanisms that makes Government work is access by groups with a variety of perspectives. Individuals in Government make their contributions most easily and perhaps most effectively if they are willing to accept and willing to understand a wide variety of constituents. In the 6 months that I have functioned as Deputy Assistant Secretary for Health, as during my whole professional life, I have been open to and able to exchange views with a variety of interests.

In closing, Mr. Chairman, let me mention two initiatives in addition to the leadership of the Commissioned Corps to which I would like to direct my attention.

I have been asked to oversee a number of bilateral health agreements between the United States and foreign countries. I feel very comfortable in this role, knowing the health leaders of many of the countries involved and having functioned in a number of such circumstances in the past several months.

I am fully aware, Mr. Chairman, that it has always been the role of the Surgeon General to provide appropriate support and counsel to any group providing quality health and medical services to persons in need. Two such groups in need are the disabled and the aged.

In addition, I believe that the ability of our society to provide essential health care for the disabled and the aged does not depend upon any one government agency—Federal, State, or local. It depends upon the understanding and the willingness of all Americans to take up the challenge in our families, our communities, our schools, our various voluntary and professional organizations.

I have been deeply involved in the International Year of the Disabled Person, have learned a great deal, and I hope contributed something to the American effort. I do not intend to have that interest end in December; it must continue.

Mr. Chairman, it is my hope to translate these experiences into information that will help all health professionals and the public generally in dealing with health promotion and disease prevention throughout the whole life continuum. This will not be an easy task, sir, but it is the right one for the Surgeon General of the U.S. Public Health Service. If I am to be that person, then that task has to be mine and you can be assured of my effort to carry it out most effectively.

Thank you very much.

The CHAIRMAN. Thank you, Dr. Koop.

Let me ask you a few questions. As I have stated in my opening statement, you have a very impressive background in public health matters. Dr. Koop, why aren't your accomplishments in public health contained in your curriculum vitae?

Dr. KOOP. Mr. Chairman, I began to develop my career hewing to the line of trying to be the best possible pediatric surgeon, the best possible pediatric surgical academician that I could be. Therefore, my curriculum vitae represents those things which I used as building blocks to get to the place I was when I left my surgical life several months ago.

However, I am not a person of narrow vision. As you know from the things you, yourself, said and the things that were contributed by Senator Hatfield, I saw a great many problems that were stimu-

lated in my own thinking by the clinical things that I faced. I saw them to be problems affecting more than people individually; but rather segments of society. I addressed them and tried to establish leadership roles. I brought people together to accomplish these tasks. Many of them were done in the voluntary segment of my life. Therefore, they were not included in my curriculum vitae.

I never had planned to have a role in public life. If 35 years ago I had been planning for this at the end of my surgical career, I would certainly have included all those things as I went along the road surgically.

The CHAIRMAN. Today 10 percent of Americans are over 65, and that rate is expected to grow. I feel that not all of those presently living in nursing homes have to be there or even want to be there. What are your plans for helping the elderly, more specifically, in terms of home health care—and you may want to mention the home health care that is before the Senate?

Dr. KOOP. You are absolutely right about the statistics. By 1990, 1 in 5 people will be over the age of 65. Inasmuch as I will be at that age in 2 weeks, I would like to assure you that it does not mean you are necessarily over the hill.

At my age, having the health that I have at this moment, and never having been in a nursing home, that indicates that statistically I have a life expectancy of 12 years. If my wife were the same age and in the same state of health, she would have a life expectancy of 15 years.

With that many years ahead of me and ahead of other people 65, there is still an opportunity for the practice of preventive medicine and to keep those people healthy for as long a time as possible.

One of the greatest economic burdens that this country faces is that of long-term care. It must be divided between true care for people with medical problems and those people who are in long-term care because they are purely custodial. It takes about \$2,500 to \$3,000 to keep a patient in a nursing home per month. Many of them, with just a little bit of help, could be maintained independently in their own homes or their family's homes at a cost which is perhaps only a quarter to a third of that same amount.

Therefore, in reference to the bill that you mentioned, Mr. Chairman, I would strongly support any kind of legislation that would develop new types of health professionals to provide the care that would keep aged people out of nursing homes, keep them in the social community of their own families, keep them independent, and at the same time accomplish this with a saving of money.

The CHAIRMAN. Or at least allow them the choice of whether to go into an institution or a nursing home or to stay in their homes where they may feel more accommodated and better psychologically and otherwise. You would agree with that?

Dr. KOOP. Yes, I would.

The CHAIRMAN. The Health and Human Services Secretary has stated that the commissioned corps should be retained but with certain new policies instituted to tighten the way it operates. In light of budget cuts and the closure of the Public Health Service hospitals, what do you foresee as the new policy for the commissioned corps program?

Dr. KOOP. This is just in the planning stage now. We know that many can be streamlined. One of the major economic savings that could be made is to change the retention pay available for physicians now across the board to another system probably based upon merit.

We can find in the new structure of the way the Government will function in reference to health with the block grants that many of the people in the commissioned corps of the Public Health Service will find new roles as they attempt to aid the States in coming into line with the block grant system.

The CHAIRMAN. As you may know, Secretary Schweiker and I both view preventive medicine and healthful lifestyles as a way to decrease health care costs. Do you have any plans as Surgeon General in promoting preventive health measures?

Dr. KOOP. Yes, I agree completely with the Secretary. One of the things that we have discussed that is beneficial in a time of constricted finance is that many of these preventive initiatives are not expensive to produce. I would thoroughly support all of Secretary Schweiker's ideas on this matter.

The CHAIRMAN. During the nomination hearing of Dr. Brandt he stated that the proposed changes in the organization within the Department of Health and Human Services had been put on the back burner. Have you heard or are you aware of any restructuring in the position of Surgeon General?

Dr. KOOP. No, sir; there has been no discussion with me by either the Secretary or the Assistant Secretary about reorganization of the Department since the time of Dr. Brandt's hearings.

The CHAIRMAN. What do you think the role of the Surgeon General should be during the next decade to either maintain or improve the quality of health care for disabled individuals?

Dr. KOOP. This is one of the greatest challenges that we have before us now, Mr. Chairman. We have accomplished a great deal in this country in reference to improvement of health. We have an extended life expectancy. We have a lowered infant mortality.

However, one of the things that many Americans are not aware of is that the number of our disabled has increased. At the present time one out of every seven individuals in this country is disabled.

The CHAIRMAN. One out of seven?

Dr. KOOP. One out of seven. We have to define disability. That means if you are a toddler and you cannot toddle, you are disabled. It means if you are a man of a wage-earning age and should be supporting a family and you cannot work, then you are disabled. If you should be walking and you cannot walk, you are disabled.

At the present moment disability benefits to that segment of our population take about 8 percent of our gross national product annually. It is estimated that by the year 1990 if the current trend continues that sum will come to 18 percent of our gross national product. Obviously this is an increasing problem almost geometrically and we have to intervene in some way to take care of it.

Since I have been in the position of Deputy Assistant Secretary for Health I have made an effort to look about not only HHS but other departments of the Government and recognize, as many people have before me, that there is a tremendous amount of

duplication and overlap in reference to the provision of services for the disabled.

In addition to that, in the private sector there are many agencies attempting to bring services to the disabled that essentially compete with each other and frequently do not even know of each other's existence.

It is my intent—and I have asked for a special assistant to do this in the future—to make a road map of the disabled services for that class of our population in the country to try to eliminate the overlap and the duplication and to bring about the best spirit of cooperation I can between the public and the private sectors.

We have already started that, Mr. Chairman. Just last week, on an initiative from the Public Health Service we met with the March of Dimes at a hotel here in Washington knowing that the March of Dimes had invited 12 other national organizations concerned about the one thing we were discussing—healthy mothers and healthy babies.

On that day we recognized that we would have frustrations down the road because of financial constraints, but we recognized that by working together, the public and the private sectors, and by having better cooperation with elements in the private sector, that we could avoid duplication; we could have a uniform approach to this subject; we could cut out 15 separate information campaigns, concentrate on one, and save a great deal of money that way. I think this has to be the model for the future, Mr. Chairman—a combine of private and public sectors working conjointly to take care of segments of our population that are in need.

The CHAIRMAN. I have heard expressed the fear that because of your opposition to abortion you may utilize your position as the Surgeon General to order or restrict the fertility and contraceptive research presently carried out by the National Institutes of Health. Would you be willing to respond to those concerns?

Dr. KOOP. Yes, sir. I think you should know first about the conversation I had with Secretary Schweiker the day that I arrived in Washington. I told him that I felt that I had said all that I should say and written all that I should write about the abortion issue. It was not my intent to use any post that I might have in the Government as a pulpit for an ideology. I thought that was improper.

If it met with his approval, it was my intention to pursue other matters, particularly those health initiatives which he would like to pursue, and that it was not my intent to continue to be a speaker on what I call the prolife circuit. He agreed with that, and that is the way I have behaved since I have been here.

In reference to your question about research, sir I am not opposed to contraception; I am not opposed to family planning. I think we have to have as much research as is possible in these two fields because I think they are the answers to some of the things about which I am concerned in reference to abortion and other problems in medical ethics.

The CHAIRMAN. Dr. Koop, as Surgeon General you will head the Commissioned Corps, which is a combination of physicians and nurses. Your ability to work with other health professionals, there-

fore, is critical. Nursing services, in my opinion, are important in the health care of our Nation.

How would you view the role of the nurse in the Commissioned Corps? Would you be a leader in the use of pediatric and geriatric nurse practitioners?

Dr. KOOP. Yes, sir. I believe that nurses contribute an extraordinary amount to the care of individual patients and therefore are a very important resource in health care for individuals and larger segments of the population.

Not only will there be new types of paraprofessional people that spring up in days to come, but we have nurse practitioners and we have physicians' assistants. Each of them should be used to the extent of his or her ability to carry out the task for which he or she is trained.

I do think that there is an important element that must always be considered when we have burgeoning varieties of health care professionals. That is that in the care of any one individual or one program there must be a captain of the ship. Therefore, one person must assume final authority because it is very difficult, as doctors know, to have a patient or a program taken care of by a committee.

The CHAIRMAN. Thank you, Dr. Koop.

We will turn to the ranking minority leader at this time, Senator Kennedy.

Senator KENNEDY. Thank you very much, Mr. Chairman.

Dr. Koop, you have been criticized in editorials—the Detroit Free Press, the Louisville Times, the Los Angeles Times, the Washington Star, the Miami Herald, the Philadelphia Bulletin, the Philadelphia Inquirer, the St. Louis Post Dispatch, and the New York Times.

I have the editorial from the New York Times of May 26. I want to read this to you and get your reaction to it. In their editorial they said:

Time for a new Surgeon General. Initially the nomination of Dr. Koop to be Surgeon General, the head of the Public Health Service, has been stalled on a technicality. He was under present law seven months too old for the job. The House now seems to have removed the age barrier, but there is, and always has been, a far more important reason to resist Dr. Koop's nomination.

What should stop this appointment altogether is a thoughtful consideration of the doctor's credentials. He is simply the wrong man for the job. Dr. Koop is indisputably a distinguished pediatric surgeon but, unlike previous Surgeons General, he has had virtually no experience in public health. It is hardly surprising then, but surely significant, that his nomination to the post is the first that the American Public Health Association has opposed in 109 years.

Dr. Koop holds many opinions that make him attractive to the Reagan Administration—above all, his opposition to abortion—but opinions are not qualifications. His nomination is a disservice not only to the Public Health Service and the public, but also to Dr. Koop. He is being honored for the most cynical of reasons, not for his medical skills but political compatibility.

How would you respond to those observations?

Dr. KOOP. I responded very badly when I read that, sir. [Laughter.]

The CHAIRMAN. I do not blame you, Dr. Koop, not one bit.

Dr. KOOP. I felt it was a considerable injustice. I felt it was a particular injustice because I think the headline was "Doctor Unqualified." The other editorial on the same page was about a man

whom I admire greatly and have followed, Dr. Rusk, famous for his rehabilitation programs.

I do not want to sound as though I am blowing my own horn, but I have exampled my life a lot after Dr. Rusk, and I thought it was rather ironic that the man that I had emulated—and I think successfully—in the rehabilitation of children for the past 35 years was painted as the paragon that I believe him to be and I was considered to be totally unqualified.

I have been accused of this lack of qualification, as far as I know, primarily and first by the American Public Health Association. What they have said has been picked up and repeated in paper after paper. I guess what disturbs me the most, sir, is that they never came to me and asked me whether or not I had any public health experience or how I felt about the accusations they made.

I believe that just a little bit of research would have turned up some of the things that you heard said this morning about my experience in public health endeavors.

I was disappointed. I felt that it was unfair. I felt that it had not been properly researched. I felt that I had been accused by people who had not had the courtesy to talk to me about these things.

Senator KENNEDY. I listened with great interest and learned a great deal from the Senator from Oregon, the chairman of the committee, and your own statement.

What would you say are the two or three features of your career that most qualify you in the areas of the public health? I do not think any of us question your achievements in pediatric surgery. You are preeminent in that field in this country. We are talking about different responsibilities.

As one editorial writer has said, we can have two individuals who have had medical experience, and one could be qualified for one position and the other for another position, comparing one who builds bridges to someone who builds missiles. Both might be engineers. Both of them have different qualifications, although by their titles both are engineers.

What do you think are the three or four things which most qualify you? What do you think are the three or four items that you take the greatest sense of pride in, that you think are relevant in terms of your experience for this particular job, not just generally in the medical profession?

Dr. Koop. If public health is the protection of the public from disease, if it is health promotion, and if it is the restoration of health, then I think the things I would be most proud of would be, in the public health realm, what I have done to reduce infant mortality. I think that was a really significant thing.

I think that what I did in reference to the "Reader's Digest" fellowships to prepare a whole generation in public health, particularly for service in Third World countries; I think the things I have done for children to protect them from injuries such as from radiation, from the burns that they got from corrosive materials, and the day-to-day life that I had in Philadelphia dealing with a very large underserved population in the black ghetto—I think these are public health service at its essence.

Senator KENNEDY. All of us in the public eye have been quoted on a number of occasions, sometimes out of context. I would like to

read you a couple of these quotes and ask you to explain the context in which they were made and what you meant.

I quote:

In a sense, I think it is harder to be a woman today than it was when I was your age. You see, the girls who graduated from preparatory school with me did not have a feminist telling them that they must be liberated, that they have to fight for their rights, or that there are certain male roles in life that they should fill.

Do you remember that speech?

Dr. KOOP. I do very well. I would like to paint the picture for you. Those were remarks that I made at the graduation exercises of the Shipley School, a very fine girls' school in the suburbs of Philadelphia.

It was a very interesting occasion because the graduating class consisted of 72 beautiful young ladies, carrying long-stemmed roses and wearing white dresses, and one boy.

I felt that I could not address those together, and I prepared a little personal note for the boy and delivered it to him first, and then I talked to the 72 young ladies.

In the context of what I was saying, Senator, I was trying to say, "Don't let anybody force you as a young woman into a mold that he or she thinks is right for a woman your age and at this particular time."

I talked about the beauties of being a woman, the wonders of being a parent, all of the joys that come with marriage, and I felt that I was speaking the way I would like somebody to have been speaking to my daughter if she were in that graduating class.

I can tell you, sir, that there was no misunderstanding that day about what I was saying, because when I finished I had a standing ovation for a long and embarrassing time. Some very prominent feminists in the Philadelphia community were on their feet, and they were applauding.

No one made any mistake on where I was coming from. This was not downplaying women. It was pointing out to them, among other things, that marriage is not just a 50-50 proposition—it is a 100-100 proposition—and if they wanted to achieve the best with marriage and with families they had to have that self-giving love, man to wife, and wife to husband.

As I was undressing and taking off my red robe afterward, a group of the ladies on the faculty of that school came to me and said,

We have come to thank you for bringing a sense of balance to our school, because we have to acknowledge before you that we have really emphasized career above the other aspects of womanhood; and thank you, sir, for being with us today.

I think everyone understood where I came from, Senator.

Senator KENNEDY. You also were quoted as saying,

The family is not threatened by poverty, by inadequate education, lack of a more beneficent social planning government. Indeed, these deprivations, when they exist, mold, knit, and glue together a family structure that can survive and prosper in the face of adversity.

Dr. KOOP. Yes, sir, I said that right in this building on November 20, 1980, when I was speaking under the auspices of the American Family Institute about the impact that a handicapped child makes upon a family.

What I was trying to do was draw attention to the fact that the things that most people talk about are those things that you just mentioned, sir.

I was trying to say that those things very frequently glue a family together—that the impact of a handicapped child has the same thing to do with the family as poverty. It is a terrible bang, but it can be a cementing influence in the family.

Senator KENNEDY. I suppose the question is what message that sends to the families which live in extraordinary poverty, and receive inadequate education in many areas of this country.

I would be interested in your expanding on what kinds of pressures are placed upon families that live in the midst of poverty with sense of hopelessness—whether in the inner cities or in rural areas. What is your experience, or what is your sense about that?

Dr. KOOP. My sense about that, sir, is that I have always tried to practice whole person medicine, not just to focus in on the complaint of the child, but that when the mother brought him to me with a problem, to find out what other things there were in her life that might be involving her own health and the health of her child, and whether these problems were associated with poverty, with social circumstances, or with health issues.

I have always tried to address myself to all of those things which could be corrected in the life of a family, whether it be poverty, housing, or what.

I consider myself to be a compassionate individual, concerned primarily perhaps for his patients but recognizing all of the things that contribute to the well-being of my patients.

I consider well-being of his family to be one of the very important parts that contribute to my patient's health.

Senator KENNEDY. Do you think the possibilities of a family being knitted or molded together would be more realistic if they had perhaps a handicapped child or retarded child than if they lived in poverty or with inadequate education?

You are not trying to suggest—this is the quote:

The family is not threatened by poverty, inadequate education, lack of a more beneficent social planning government. Indeed, these deprivations, when they exist, mold, knit, and glue together a family structure.

Are you saying to me that poverty can mold, knit, and glue together a family structure? Are you saying to me inadequate education can mold, knit, and glue a family structure together? Or are you saying to me that a family that has a member that is handicapped can bring out the various emotions within a family that can mold and knit the family together. I want to get it straight.

Dr. KOOP. I am saying the latter, sir. Again, in the context of which I was saying this I was trying to point out that poverty can bring people together—that any kind of an emotional upset can bring people together. I was leading up to the fact that there was a handicapped child that could bring the family together.

Once again, I think everyone who heard me say that knew where I was coming from and what I was trying to say, and I do not want to overdo this thing, but they all stood up and applauded for that too. So I do not think that they thought I was going in the wrong direction or had no compassion about people who were poor.

Senator KENNEDY. No one is suggesting that people who are needy and have limited resources cannot have a strong family life and commitment. There is no suggestion about that. But the way you have placed it here was, I think, worth some note.

Dr. KOOP. The way you have read it to me, sir—if I were to do it over tomorrow I would rephrase it.

Senator KENNEDY. Perhaps you could tell us your views on breast feeding versus bottle feeding. Let me go back one step. This committee has been very interested, in the whole issue in its responsibilities in international health, in the abuses in infant formula.

There is no question but that there are areas of the world where infant formula has been of enormous value and is entirely appropriate. There are significant areas of the world where it is not.

Earlier this year we saw in the World Health Assembly the decision made by this administration to vote in opposition to the development of a code which was completely voluntary.

I do not know whether you have any independent views, or whether you are permitted to have independent views about that particular vote, or whether you would say you would have come to a different conclusion. If you would like to make a comment on it, I do not know whether you would be getting yourself in hot water or whether you agree with what the administration did on that particular vote.

Dr. KOOP. I appreciate your sensitivity, sir, in knowing that I could get in hot water, but I will nevertheless answer your question.

Back in the days when you were concerned about this and before I had any idea of coming to this Government I applauded what you were doing about breast feeding because, having been involved in the care of children now for almost four decades, there is no doubt in my mind that the best nutrition for the newborn and for young infants is breast feeding.

I also have spent considerable time in the various parts of the world that were being addressed by this concern.

I was—you may not know—a delegate to the World Health Assembly where this was discussed. I came home before the vote, and as a physician, there is no doubt in my mind that I would have liked to have seen our country vote for that code. I expressed that opinion before I left this country to members of my department. I expressed it while I was over there.

We had an inordinate amount of discussion about this because, as you know perhaps better than I, there were other issues than health involved.

Although I was back in the United States by the time the vote was taken, I realized that there were a good many problems that were brought to mind by the State Department that were not concerned with health, and I presume that in the minds of those who made the decisions they overrode complying with the code.

Senator KENNEDY. Yes. In all respect, I think the recommendations from the Department of Health Services were made along the lines that you have outlined here. That decision was made for other reasons that I believe were not related to health.

Could you comment on the issue of breast feeding and bottle feeding in the Third World?

Dr. KOOP. I think that breast feeding is superior—there is no question about that.

I think that if one were to have a very strict code so that it was not possible to have supplementary feedings, then you would deprive children whose mothers' breasts had dried up as far as milk supply was concerned, to have a source of nutrition.

There are a great many other public health problems that come into it. If one uses a powdered substitute for breast milk, one has to recognize the fact that the purity of the water supply is in question in many parts of the world.

Then in the liquid types of infant formulas—milk substitutes—there are concentrated ones and those that are ready to be taken as is. Many times the women who use these formulas are not even literate and cannot tell whether they have a concentrated form or the regular form. If they give the concentrated form their children have vomiting and diarrhea, and if they use the regular form and dilute that as though it were concentrated their children suffer from malnutrition. So there are many problems associated with the whole situation.

Senator KENNEDY. Let me just ask a few other questions in different areas.

If you are confirmed as Surgeon General will you report to Dr. Brandt?

Dr. KOOP. Yes, sir.

Senator KENNEDY. What responsibilities, if any, will you have in the administration of the family planning program?

Dr. KOOP. None at all that I know, sir.

Senator KENNEDY. I have just a final question, and this is related to the elderly. The chairman spoke briefly about it, and I would like to gain your views. You have indicated your strong concerns about the problems of the aged.

During the last 9 months we have seen a variety of different suggestions in terms of the reduction of services in health, nutrition, income assistance, and social service programs that assist the aging, particularly the aging poor.

These proposals, include a cap on medicaid assistance to the States, a 34-percent cutback in low-income energy funding, the potential elimination of minimum social security benefits, substantial cuts in food stamps, a 34-percent reduction in title 15 funding—an important source of funding homemakers, senior day care services, and nutrition services.

Do you have any reaction to these budgetary reductions as to what their impact is going to be on the elderly people of this country?

Dr. KOOP. I share your concern, sir, that the impact is going to be considerable. I think it is therefore, for those of us who are involved with trying to make do with what we have left, to step back and assess priorities and see what we can do to get the very best quality out of what we have.

Senator KENNEDY. As someone who bears some very special responsibilities in this area, if confirmed, are you going to be an advocate within the administration for these particular consti-

cies? I think all of us understand how decisions are made, but what can you tell us about your willingness to speak for these constituencies?

Dr. KOOP. I am not just willing, sir, but I intend to be an advocate for both the groups that we have mentioned—the disabled and the elderly—to the best of my ability.

Senator KENNEDY. Do you have any impressions at this time what that kind of an impact those kinds of reductions will mean on the quality of life for seniors?

Dr. KOOP. I do not think there is any doubt about the fact that certain people will be heavily impacted. As I said earlier, it is an opportunity where we are going to have to, until we see exactly what the situation is—and we have not had much experience yet—try to bring together all of those facilities that exist in the private sector and bolster those that disappear from the public sector.

Senator KENNEDY. You say “impacted.” Are you saying adversely or favorably impacted?

Dr. KOOP. I think the way you presented the question to me, sir, it would be an unfavorable impact.

Senator KENNEDY. The way I presented it is the way we are faced with it here in the Senate and, most importantly, the way the elderly people are going to be faced with it. A series of these reductions—when you take the different programs and put them together, they are targeted into the elderly groups.

Would you want to risk another statement about whether you would support those kinds of cuts?

Dr. KOOP. I think that is an unfair question, sir.

Senator KENNEDY. It is a fair question.

Dr. KOOP. Not to me at this time.

Senator KENNEDY. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator.

Senator Nickles?

Senator NICKLES. Thank you, Mr. Chairman.

Dr. Koop, in regard to a couple of things you just mentioned to Senator Kennedy concerning priorities, what priorities do you see yourself as having and acting upon as Surgeon General?

Dr. KOOP. I see the things that I have just discussed. I have been given the oversight of the bilateral health agreements with 17 different foreign countries. I have been given the assignment of the disabled, of the elderly, and of the Commission Corps.

The two central ones of those—the two groups of people we have been talking about—come at a very interesting time, because this is the International Year of Disabled Persons, and this is the year of the White House Conference on Aging.

So I think we have enthusiasm, a springboard, and a tremendous amount of interest in the private sector, which will make it easy to do some of those things that I mentioned as ways to bring about cooperation between the public and the private sector and to take care of some of the needs that we will have to face with constricted financing.

Senator NICKLES. Senator Kennedy earlier read statements from newspapers or from various groups that mentioned that you did not have very much experience in public health. I thought your answers were very appropriate.

How does your experience compare to that of, say your predecessors? I think you mentioned that there had been 12 Surgeons General before you. How does your experience compare in the public health field to theirs?

Dr. KOOP. Of the last seven Surgeons General only two had a degree in public health—Dr. Birney and Dr. Erlich. Dr. Erlich is frequently not mentioned in the list of Surgeons General because he was an Acting Surgeon General for 8 long years. Of the others, two were cancer specialists, two were pediatricians, and one was an internist.

Each of them came from a clinical background such as I did and I think brought the skills that that might generate to the job of Surgeon General.

Senator NICKLES. I think it is commendable that we have people who would be coming from a clinical background or a private sector background and giving some input.

This idea of administration—you talked about your working in other countries, but also you have worked in clinics and hospitals in pediatrics and so on. You have been in public health administration almost throughout your career at different levels?

Dr. KOOP. Periodically. Then my relationship with MAP International—which is the second largest relief agency in this country—has given me a lot of opportunity to work in the private sector administratively with others of like interest as well as interacting with, for example, AID in our Government because we have contracts with them to carry out sanitation, famine control, and so on.

Senator NICKLES. What agency is that?

Dr. KOOP. That is MAP International in Chicago. MAP used to stand for medical assistance programs, but as we got deeper and deeper into relief work we found that it was more than medicine—it was famine control, it was sanitation, it was sewage, and so forth. So inasmuch as we had always gone by the name MAP as an acronym we just now are MAP International.

Senator NICKLES. And you said that is the second largest private relief agency?

Dr. KOOP. Yes—next to the Red Cross.

Senator NICKLES. Is that on an international scale?

Dr. KOOP. Yes. We have worked in 82 countries. We are not a sending organization of people; we are a sending organization of materiel, consultation, equipment, and so forth.

Senator NICKLES. I have no further questions. Thank you.

The CHAIRMAN. Thank you.

Senator Metzenbaum?

Senator METZENBAUM. Thank you, Mr. Chairman.

Dr. Koop, one matter that concerns me very much is the area of occupational safety and health.

In the field of occupational health we lose about 100,000 Americans annually, and nobody seems to give a damn. We have OSHA. Some people say OSHA goes too far or they do not go far enough.

I am concerned as to what responsibilities you recognize as Surgeon General in the field of occupational health hazards and what you would consider to be the No. 1 occupational health hazard in the workplace today.

Dr. KOOP. Well, sir, this is a field in which I have not had any wide experience. I think I would have to agree with what you have said—that it seems to have low visibility because it is not one of the things that we discuss very commonly.

In my role as Deputy Assistant Secretary for Health I have not at this time had any experience in dealing with any of the initiatives in the Department of Health and Human Services in reference to that.

I do recognize, with you, that occupational health hazards are tremendous, and the problems that I come from in pediatrics of course do not usually involve occupational health hazards except in the instance that I mentioned of children who might be exposed to radiation or eat things that they thought were candy that would be corrosive to their digestive tracts.

I would support as Surgeon General any kind of activity which protected the health of American citizens from occupational hazards, and I would have to rely on the agencies within the Public Health Service which are under the Assistant Secretary and work with him to the point where we could do all we could to bring the powers of suasion of our offices to bear on these things and assist in legislation that would protect individuals from occupational hazards.

Senator METZENBAUM. Can we assume that there would be some active leadership as the Surgeon General to reduce risks associated with occupational exposure, such as lead in the workplace which does create a real problem for the mother with respect to the fetus? Can we assume that you would provide some aggressive leadership in this area?

Dr. KOOP. You can absolutely assume correctly, sir, that if I knew that there was a health hazard that was of concern to a committee of this Congress, to a segment of our population, or to you, I would do everything I could to address that issue and bring about a satisfactory conclusion.

You mentioned lead. That is the one area where I have had some experience with children, because we have had several bad times in my own community where the burning of lead batteries in dumps has produced serious problems of lead poisoning in the children who live in that environment. I am aware of these things and would certainly support any effort to correct them.

Senator METZENBAUM. With respect to the whole question of the Federal role versus the State role in the delivery of public health services, do you have any particular opinions on that subject?

Dr. KOOP. As somebody who spoke previously said, one of the strengths I might bring to this position, sir, is that I have been on the receiving end of the largess of the Federal Government and the State government as a practicing physician and one interested in programs for children.

It has always been my feeling that we could work with less bureaucracy and get quicker solutions to our problems if we worked at the State level than if we work at the Federal level. So in general for most things I would support a State initiative rather than a Federal initiative.

Senator METZENBAUM. Do you feel that the States have accepted this responsibility in that area?

Dr. KOOP. All I can tell you, sir, is what the Assistant Secretary reported to us at our last staff meeting, and that was his surprise and delight at the rapid and cordial response from the States in reference to the block grants. They seem to look forward to the opportunity of managing that on their own.

Senator METZENBAUM. Is that out of a self-interest that they will be able to manage it on their own, or is there any evidence that block grants will improve the public health services, which I think is really the bottom line?

Dr. KOOP. I would not want to second-guess what the individuals in the States had as their motivation, but I think what they are saying is that each State has its own set of priorities and under the block grant proposal they have a little more freedom to spread the money around to places that they think it will bring about the best programs in public health.

Senator METZENBAUM. Do you think they can do that with less money? For example, the Republican mayor of the city of Cleveland has pointed out that in the block grants for cities, and equally as well with respect to public health programs, there will be a 25-percent cutback at the Federal level, and then the sticky fingers of State government will retain about another third of that if past practice is an indicator of what will happen in the future. The net result will be that for local services, whether they are public health services or other kinds of services on a local level, there will only be 50 cents out of each dollar that was previously available, without taking into account the whole question of inflation.

Dr. KOOP. I think the reaction of various communities will be patchy. I do not think all the States have the same ability to absorb a block grant technique as others, and certainly all municipalities do not have.

I think the difficult thing that you have put your finger on is the fact that the financial constraints at the Federal level, which brought about the 25-percent reduction, ran head on into the same kind of financial straits at the State level.

There is no doubt about the fact that in some areas there will be a definite reduction in money available for services. As I said a moment ago, I think this is the opportunity to step back, look at what those services had been providing, and see what our priorities are and what we can do with what we have left.

Senator METZENBAUM. Dr. Koop, you have been quoted as saying that unwanted pregnancies are not a public health concern. Is that a fair quotation? That is not in quotes; I am not giving it to you in that manner. Is that generally your position?

Dr. KOOP. I do not remember ever saying that.

Senator METZENBAUM. Do you have an opinion as to whether they are or are not a public health concern?

Dr. KOOP. I think that anything that happens in our society—whether it is too many children, too few children, sick children, or well children—that impacts upon health is that.

Senator METZENBAUM. How about unwanted pregnancies?

Dr. KOOP. Unwanted pregnancies have to be a health problem. They are a social problem. They are an economic problem. They are not purely a health problem.

I do not ever remember saying that though, sir.

Senator METZENBAUM. As I said, I do not have it in quotes, but I gather it is a paraphrasing of some of your speeches but it does not really matter as long as we have your opinion on the record.

Is it not true that young adolescents and women over 40 often experience unintended pregnancies and that these women and their infants are considered to be at high risk because of the possibility of complications? And are not these risks the greatest factors associated with infant mortality which, as I understand it, is an index used to determine the public's health?

Dr. KOOP. I think that is an oversimplification of it, sir. It is true that there are higher infant mortalities in the very young and in those who are old, but nevertheless many young people go through pregnancies very well as do many people who are over 35. The thing that gets them through it is attention to nutrition, good prenatal care, the ability of good obstetrics to foretell what might be a crisis at time of delivery, and being prepared to do the best you can for both mother and child.

Senator METZENBAUM. In the area of mental illness what do you see as the role of the Surgeon General in attempting to prevent mental illness as well as to alleviate or zero in on the problem when it does exist?

I think it is only fair to say that your responsibilities may be greater than any of your predecessors since I would guess that the administrations program that became effective today is indeed going to create or at least exacerbate the problem of mental illness because many people will not receive treatment.

I would like to know how you feel the Public Health Service might deal with the whole area of mental illness.

Dr. KOOP. There is no doubt about the fact that mental illness, just as physical illness, is a concern in public health.

We have a great many research projects going on at NIH, not only inhouse but out in the universities, looking into the cause of mental illness. In one of the Public Health Service's agencies which is concerned about mental health we have other research projects—demonstration projects—in an effort to bring the best possible solutions to a very difficult situation to bear on a public health problem.

The role of the Surgeon General has not ever been to my knowledge specifically related with that, except as he relates to those other people in the Public Health Service who alert him to problems that they see and then use his good office to either issue health warnings or health initiatives and to cooperate to the best of his ability to bring other aspects of the Public Health Service to bear on the problem. I would certainly support that to the best of my ability, sir.

Senator METZENBAUM. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Metzenbaum.

Senator Hawkins?

Senator HAWKINS. Mr. Chairman, I am pleased that we are finally holding confirmation hearings to fill the position of Surgeon General of the United States, and I am pleased that the issue of age limitation on this position has been resolved and that we can finally focus on the paramount issue—this nominee's qualifications for the position to which he has been nominated.

Much has been made of Dr. Koop's and other nominees' personal beliefs concerning abortion and the right to life. I do not think a nominee's qualification should hinge on his or her belief on a single controversial issue.

I hope that we can limit our hearing today to what should have been the only issue all along—whether Dr. Koop is qualified for the position for which he has been nominated: Surgeon General of the United States.

I would like to read a letter that I received from a constituent of mine in Florida, Dr. Oscar Sussman of Tallahassee, Fla., in which he states:

I do not oppose the nomination of Dr. Everett Koop to be U.S. Surgeon General. I am an elected fellow of the American Public Health Association and have served on both the action board and the governing council of that organization.

I happen to disagree with Dr. Koop's position on abortion. That position is not enough in my opinion to prevent his being nominated and becoming a good Surgeon General.

The APHA's position that Dr. Koop is unfit and the worry that his nomination will politicize the office is poppycock. It has already been politicized. When I joined the APHA better than 30 years ago, the organization was not as politicized itself as it is at this time.

There are many public health workers whose actions are today predicated on preventing President Reagan from doing what he must do to prevent all of our public health programs from sinking into a mire of unattainable social welfare action. They also are fearful of not retaining their positions and self-built castles.

The fact that Dr. Koop is not a member of the union does not mean he does not know what is needed. He can and will employ assistants who can and will help him in furthering good needed public health programs.

He might—horror of all horrors—cut and do away with useless costs, inefficient supposedly public-health-oriented programs. These are programs that have been allowed to continue as dead albatrosses around all of our tax-paying necks, in many cases for years.

In the last 30 years there have been built up in the public health arena programs so far out and so fiscally inefficient that they help no one except the recipients of the salaries of the positions thus created.

I am not for wholesale slashing of needed funds to prevent illnesses, but I am against undue waste of funds on programs that have cost-benefit-ratios so low as to be next to useless.

I did a study in Newark, New Jersey, which proved that by doing away with an existing dental program in that city and using the funds saved to purchase the same units of dental care from the private dental sector by contract approximately 20 percent could be saved. The patients would, incidentally, not have to wait in a dirty, dingy, depressing, clinic-type waiting room until the dentist came to work hours late and then left early while patients were still waiting.

Senator Hawkins, there are better ways to get the delivery of good public health practices, but it will take a new look.

It is interesting that in the last 30 years or so the leadership in preventive public health matters in the United States has for the most part been in the hands of the qualified, credentialed person that the APHA insists is needed to be a Surgeon General, and it is obvious by looking at the results obtained that we can and must do better.

While I am a union member, a fellow APHA, former president of the New Jersey Public Health Association, with a master's in public health from Yale School of Medicine, inactive reserve U.S. Public Health Service Commission Corps of Captains, I believe Dr. Koop should be given the opportunity to serve if that is what President Reagan's desire is in this matter.

We need to give the President his assistance. We should not let those people choose his staff who have moved this country downhill as much as they have up to this day.

As you know, we did vote President Reagan into office, and I want to give him a chance.

It is signed by Dr. Oscar Sussman, Tallahassee, Fla., and I believe it is a great testimonial. He is a great admirer of yours, even though he may not know you.

It was interesting to me to note in Senator Kennedy's comments that the editors he quoted were not for you and were also not for President Reagan, so you are in very good company.

I am from Florida, as you may know. We have a lot of the elderly there, and those are constantly concerns of mine. I am concerned about the White House Conference on Aging because in the past the results of those conferences has been ignored.

I would like to know what you would propose to do as Surgeon General to insure that the health-related problems of the elderly that are raised at these conferences are investigated and pursued, and it is not just a meaningless meeting.

Dr. KOOP. I have already begun, Senator Hawkins, to work with the director of the White House Conference. I have suggested not only materials to be used and subjects to be discussed but have provided lists of names of people that I thought could lead various segments of this to proper conclusions.

I think one of the reasons previous White House Conferences on Aging have not been more effective in producing results is that so many recommendations were made. There were over 3,000 recommendations made the last time. It is our hope that this time we can keep that down to about 300.

Of the 14 separate panels that will address issues of the aged only 2 have to do with health, and I am monitoring those closely.

We then will take what we learn from that, refine it to the best of our ability, and take it to the United Nations conference on aging in Vienna in the summer of 1982.

With the added information we get there, with what we have learned from our own White House conference, then we will do the best we can to peg priorities and to move as rapidly as we can to achieve those things which, in the health arena, will bring about the most good for the greatest number of the aged people.

Senator HAWKINS. The Public Health Service recently reported that 1980 was the first year since 1963 that the number of new cases of tuberculosis exceeded those reported in the preceding year.

In Florida, Dade County has shown extraordinary increases in tuberculosis cases for 4 consecutive years. There were 278 cases in 1977, 294 in 1978, 333 in 1979, and 417 in 1980. Dade County is now projecting that 550 new cases of tuberculosis will be reported by the end of 1981.

Despite the fact that much of this increase is attributable to the influx of Haitians into south Florida, the rise in the number of reported tuberculosis cases seems to be indicative of a national problem. What do you feel can be done to reverse this trend?

Dr. KOOP. You have stated correctly that Dade County, Fla., is the focal point of all this, although there has been a slight rise in the instance of tuberculosis over the whole country.

This is of concern to the Center for Disease Control in Atlanta. They already have assigned an epidemiology squad to study it. In reference to your own State, they have sent in a tuberculosis adviser at the State level and are considering the possibility of even having one at the level of Dade County.

Tuberculosis is not a disease, like smallpox, that one can eradicate by vaccination. Therefore the case finding is more difficult and the treatment is more prolonged.

However, it is possible, in the public health aspect of not only detecting the disease but treating it, to get people with tuberculosis to a condition where they are not contagious to their families and back in the work force, and that is what the CDC will try to do in your instance as well.

Senator HAWKINS. I have some other questions for you, but I have to preside at the Senate. I appreciate your forbearance with us here today, tolerance, and congenial attitude. I look forward to voting for your confirmation as Surgeon General.

Dr. KOOP. Thank you.

The CHAIRMAN. Thank you, Senator Hawkins.

Dr. Koop, Senator Pell has a statement and some questions for the record which we would like you to answer as soon as possible.

I will also put into the record and ask you to answer questions submitted by Senators Stafford and Weicker as well.

They are all very interested in this nomination, and they all apologize for not being here because of other committee conflicts. Senator Pell, for instance, is in the Foreign Relations Committee listening to testimony on AWACS.

[Material referred to follows:]

PREPARED STATEMENT BY SENATOR PELL

Mr. Chairman I know of Dr. Koop's distinguished medical reputation and welcome him to this committee.

Dr. Koop brings a great deal of experience to the Department of Health and Human Services. And there is no doubt in my mind that he will be an asset to the Department's Health Team under the direction of our former colleague, Secretary Schweiker.

I do, however, have some concerns about the kind of professional experience that a candidate for the position of Surgeon General ought to bring to this job and I am anxious to learn more about Dr. Koop's administrative experience in the area of public health.

QUESTIONS FOR DR. KOOP FROM SENATOR PELL

1. Dr. Koop, there has been a great deal of concern expressed from the public health community about the sufficiency of your public health experience.

How do you respond to this? And, secondly, could you state for the record what you believe are the assets and the liabilities that you would bring to the job of Surgeon General?

2. In the last decade the Federal Government has begun to take an active role in the prevention of disease and the promotion of health.

What are your thoughts on the Government's antismoking campaign, the promotion of flu vaccines and the recent effort to raise America's awareness about the important role that diet and exercise play in health?

Do you expect any problems in your efforts to continue this trend from those in the administration who believe in the so-called "free market" and minimal government intervention in health care?

3. In recent months you have had an opportunity to form some opinions about our country's public health effort.

What do you believe are our strengths and weaknesses? Second, how would you assess the present strength of our service corps? Third, what specific role would the corps play in your performance of your duties?

QUESTIONS FOR DR. KOOP FROM SENATOR STAFFORD

1. Dr. Koop can you respond to the charge that you lack public health experience with some specific examples of your work and how you feel they relate to the duties of the U.S. Surgeon General?

2. Dr. Koop, while I have discussed this matter with you in my office, I would like to get your response on the record. Because you are a man of strong conviction on some of today's most controversial issues, do you think you will be able to enforce the laws of this nation with which you disagree?

DR. KOOP

PUBLIC HEALTH

1. Most of our health programs are facing severe reductions in funding as part of the Presidents' attempts to balance the Federal budget. In the face of reductions in funds, how do you propose that health prevention programs be not only preserved but expanded? What role do you see the private sector playing in the promotion of prevention in the health field?

2. In an article printed in the Wall Street Journal you stated that problems associated with the handicapped and the elderly would concern you most as Surgeon General. Given the administration's position to balance the Federal budget, and accordingly reduce Federal expenditures, specifically in the area of handicapped and elderly programs, how do you intend to place any great emphasis on these truly needy populations?

3. Dr. Koop, you are no doubt an eminent and qualified pediatric surgeon. However, the job of a public health professional rests on identifying the needs of a population or group, not on identifying the specific health needs of an individual. In reviewing your curriculum vitae your experience and strength appears based on the care and treatment of individuals, not on prevention or control of large populations and their environment.

Do you feel that your experience as a surgeon, exposed to the broad issues of public health, qualifies you as a public health professional? Do you feel that your experience on the treatment side automatically qualifies you to address the preventive side?

4. Dr. Koop, one area which you will no doubt play an important role is the administration of the new Federal block grants. You are, I am sure, familiar with the alcohol, drug abuse and mental health block grant, the preventive health block grant, and the primary care block grant. How do you plan to monitor these block grants and how do you plan to insure continued assistance to the health care needs of these target populations?

ABORTION

5. Dr. Koop, you have gone on record many times in opposition to abortion. Your statements relating abortion to euthanasia have caused great concern among many Members of the Senate, including myself. You are, I believe, aware of my position on the question of abortion. My question to you is quite simple, will you enforce and abide by the law as it relates to abortion, and more importantly, will you use your position to influence Congress on this matter?

6. In your opinion, doctor, what public health steps would you take as Surgeon General to promote a health policy that reduces the need for abortion and still deals with problems relating to venereal disease and teenage pregnancies?

AMNIOCENTESIS

7. Dr. Koop, as head of the Public Health Service, you would have direct responsibility for: The Center for Disease Control's response to epidemics such as rubella; the Federal programs to counsel parents and screen for genetic disease and birth defects; and the P.H.S. response to such emergencies as Three Mile Island and Love Canal.

All of these responsibilities could foreseeably include extensive use of amniocentesis, a testing procedure that you have characterized as a search-and-destroy mission.

In the event of future epidemics, toxic spills, or radiation—any of which might cause significant birth defects—you, as surgeon, would be called upon to order such tests.

Would you issue such orders?

FAMILY PLANNING

8. In 1979, in a speech you delivered at the Philadelphia College of Osteopathic Medicine, you stated that population control represents national suicide and that planned parenthood is to blame for teenagers sexual activity and that test tube baby programs may be used in the future to increase the potential power of homosexuals. Doctor, I am not going to ask how you reached these conclusions; my concern is over title X, the National Family Planning Program.

Earlier this year Congress rejected the administration's request to Block Grant title X because of the national importance of this program. Do you support title X and do you consider unwanted pregnancies and sex education a national public health question?

Would you support the retention of strong national programs in these areas?

HEALTH CARE COST CONTAINMENT

9. Particularly since the passage of the Health Planning Act (Public Law 93-641) most States have enacted certificate of need laws to control the supply of institutional health care facilities and services.

Do you feel certificate of need laws are valuable/necessary?

If yes: (a) Do you feel certificate of need laws should be retrospective as well as prospective, that is, deal with existing as well as planned new facilities?

(b) Do you feel the Federal Government should continue to assist the States in certificate of need work, via an organized planning network?

(c) Since the Federal Government pays much of the Nation's health care bills how should it protect itself against cost increases which have been and are continuing to escalate at rates higher than inflation?

If no: (a) Without certificate of need laws what will restrain the health care delivery system from oversupply?

(b) Is there any national evidence you can point to to suggest your ideas will work?

(c) Since the Federal Government pays much of the Nation's health care bills how should it protect itself against cost increases which have been and are continuing to escalate at rates higher than inflation?

The CHAIRMAN. We appreciate the forbearance that you have had and certainly the testimony that you have given. You have been very straightforward. In fact, one of my colleagues remarked, "He really is straightforward, isn't he?" I certainly think that is a great attribute, among many others that I admire which you have.

Dr. KOOP. Thank you, Mr. Chairman.

The CHAIRMAN. At this point we will certainly end your testimony with our compliments.

[The biography of Mr. Koop follows:]

STATEMENT FOR COMPLETION BY PRESIDENTIAL NOMINEES

PART I: ALL THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

Name: Koop, Charles Everett
(LAST) (FIRST) (OTHER)

Position to which nominated: Surgeon General Date of nomination: _____

Date of birth: 14 10 16 Place of birth: Brooklyn, New York
(DAY) (MONTH) (YEAR)

Marital status: married Full name of spouse: Elizabeth Flanagan Koop

Name and ages of children: Allen Van B. Koop 37
Norman A. Koop 35
Elizabeth Thompson 30

Education:	Institution	Dates attended	Degrees received	Dates of degrees
	<u>Dartmouth College</u>	<u>1933-37</u>	<u>A. B.</u>	<u>1937</u>
	<u>Cornell Univ. Med. Col.</u>	<u>1937-41</u>	<u>M. D.</u>	<u>1941</u>
	<u>Univ. of Penna.</u>	<u>1942-47</u>	<u>Sc. D.</u>	<u>1947</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Honors and awards: List below all scholarships, fellowships, honorary degrees, military medals, honorary society memberships, and any other special recognitions for outstanding service or achievement.

See attached page 11a

Awards, Honors and Membership in Honorary Societies:

1950	Sigma Xi
1971	The Denis Browne Gold Medal presented by the British Association of Paediatric Surgeons
1974	Jacob D. Ehrenzeller Award, Ex-Residents Association of Pennsylvania Hospital, Philadelphia
1975	The Order Duarte, Sanchez, and Mella--The Dominion Republic's highest award presented by Joaquin Balaguer, President
1975	Distinguished Achievement Award presented by the Golden Slipper Club of Philadelphia
1975	Presbyterian Man of the Year Award--Presbyterian Social Union, Philadelphia
1975	Medical Achievers Award presented by Wheels, Inc., Philadelphia
1975	Super Achiever of the Year Award presented by the Philadelphia Chapter of the Juvenile Diabetes Fdn
1975	Drexel University Engineering and Science Day Award, Philadelphia
1975	The Man of the Year Award presented by the Jewish Community Chaplaincy Service
1976	Ladd Gold Medal of the American Academy of Pediatrics
1977	Copernicus Medal, Surgical Society of Poland
1980	Chevalier, French Legion of Honor
1981	Gold Medal of Children's Hospital of Philadelphia
1981	Medal of the City of Marseilles France

Honorary Degrees:

1960	Eastern Baptist College, LL.D.
1968	University of Liverpool, Degree Doctor of Medicine
1968	Wheaton College, Doctor of Humane Letters
1978	Gwynedd-Mercy College, Doctor of Medical Science
1979	Washington and Jefferson College, Degree Doctor of Science
1979	Philadelphia College of Osteopathic Medicine, Degree Doctor of Laws
1980	Saint Charles Borromeo Seminary, Doctor of Humane Letters

Memberships:

List below all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable and other organizations for the last five years and any other prior memberships or offices you consider relevant.

[illegible]

Employment record: List below all positions held since college, including the title or description of job, name of employer, location of work, and dates of inclusive employment.

See attached page #2c

Committee on Medicine and Religion, Philadelphia County
Medical Society

Light of Life, Inc., a non-profit religious corporation on whose Board I have sat since 1950.

The Evangelical Foundation. A Philadelphia Foundation on whose Board I have sat for 30 years, the first 25 of which I was its president.

MAP International. A non-profit relief agency dealing in medical famine and sanitation relief in the Third World. For 12 years prior to my resignation in 1981, I was on its Board of Directors and its Vice President for 6 years.

Eastern College. Board of Trustees 1969-1973

Stonybrook School. Board of Trustees 1965-1973

<u>Faculty Appointments:</u>	1942-44	Assistant Instructor in Surgery, University of Pennsylvania School of Medicine
	1944-47	Instructor in Surgery, University of Pennsylvania School of Medicine
	1946	Fellow in Surgery, Boston Children's Hospital
	1947-49	Associate in Surgery, University of Pennsylvania School of Medicine
	1949-51	Assistant Professor of Surgery, University of Pennsylvania School of Medicine
	1951-52	Assistant Professor of Pediatric Surgery, University of PA School of Medicine
	1952-59	Associate Professor of Pediatric Surgery, University of PA School of Medicine
	1953-60	Associate Professor of Pediatric Surgery, Graduate School of Medicine, University of PA
	1959-81	Professor of Pediatric Surgery, University of PA School of Medicine
	1960-81	Professor of Pediatric Surgery, Graduate School of Medicine, University of PA
	1976-81	Professor of Pediatrics, University of PA School of Medicine

Hospital and Administrative Appointments:

1947	Assistant Surgeon, Hospital of the University of Pennsylvania
1948-81	Surgeon-in-Chief, The Children's Hospital of Philadelphia
1958-63	President, Active Staff, The Children's Hospital of Philadelphia
1958-63	President, Executive Committee of the Medical Staff, The Children's Hospital of Philadelphia
1963-78	Pediatric Surgical Consultant, U.S. Naval Hospital of Philadelphia
1972-81	Consultant in Surgery (Pediatrics), Pennsylvania Hospital
1973-74	President, Executive Committee of the Medical Staff, The Children's Hospital of Philadelphia

Government
experience:

List any advisory, consultative, honorary or other part-time service or positions with Federal, State, or local governments other than those listed above.

None

Published
writings:

List the titles, publishers and dates of books, articles, reports or other published materials you have written.

See attached bibliography

Political
affiliations
and activities:

List all memberships and offices held in or financial contributions and services rendered to all political parties or election committees during the last five years.

Member Union League of Philadelphia (a Republican club)

Contributions:	Republican National Committee	150
	Republican State Committee (PA)	25
	GOP Victory Fund	200
	Packard for Senate	25
	Hyde for Congress	25
	Dornan in '80	200

Future employment
relationships:

1. Indicate whether you will sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate.

Yes

2. State whether you have any plans after completing government service to resume employment, affiliation or practice with your previous employer, business firm, association or organization.

No plans

3. Has a commitment been made to you for employment after you leave Federal service?

No

4. Do you intend to serve the full term for which you have been appointed or until the next Presidential election, whichever is applicable?

Yes

Potential conflicts
of interest:

1. Describe any financial arrangements, deferred compensation agreements or other continuing financial, business or professional dealings with business associates, clients or customers who will be affected by policies which you will influence in the position to which you have been nominated.

None

2. List any investments, obligations, liabilities, or other financial relationships which constitute potential conflicts of interest with the position to which you have been nominated.

None

3. Describe any business relationship, dealing or financial transaction which you have had during the last five years whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

None

4. List any lobbying activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat or modification of any Federal legislation or of affecting the administration and execution of Federal law or policy.

Advisory Board of Christian Action Council, Washington DC

(a prolife organization)

5. Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items.

No conflict to resolve

The CHAIRMAN. In order to accommodate some of our witnesses who may have to catch various forms of transportation we will now call on Dr. Rhoads from the first panel and have him give his testimony. Then I am going to call panel 3 following Dr. Rhoads. Then we will go back to panel 1.

Dr. Rhoads, I know that you have to catch transportation. Let us put your statement in the record, without objection, and could I ask you one or two questions?

STATEMENT OF JONATHAN RHOADS, M.D., PROFESSOR OF SURGERY, UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

Dr. RHOADS. Yes, sir.

The CHAIRMAN. I earlier stated what I thought to be the essential question here—whether Dr. Koop is concerned about public health problems and whether he has demonstrated the ability to organize efforts to combat these problems. How would you assess Dr. Koop in this regard?

Dr. RHOADS. I would assess Dr. Koop as a person with extraordinary ability to analyze a problem, to organize a solution, and to obtain the cooperation of the people who are involved in achieving the solution.

I think that in your own statement this morning you covered the surprising number of public health activities which Dr. Koop has carried out during the time that he has been so active in surgery.

He is primarily a doer. It has been my privilege to work with him from the time that he came into training in surgery. Indeed, he has been good enough to say that he was the first surgeon who had his training with me, having been appointed by the late I. S. Ravdin. Dr. Ravdin had left for the Army when Dr. Koop arrived, and he was my close assistant and trainee for the first 3½ years or so of his work.

He then went to the children's hospital where, although he had not finished his training completely, he increased the surgical service by a factor of 300 percent within 6 months. You have heard of his record there.

The CHAIRMAN. Some concern has been expressed that Dr. Koop is too rigid on certain issues. Do you feel that as Surgeon General, Dr. Koop will be able to serve the needs of the entire Nation in his Federal position?

Dr. RHOADS. I do, sir, it is unusual for a man who has achieved the position in surgery which he has to wish to switch to public service, and I am sure that in asking to do so it entails a very genuine personal sacrifice for him.

He has a very broad view of the needs of society, and I have not found him an unduly rigid person. He has well-defined objectives, and he pursues them resourcefully and straightforwardly. Even the people who at times opposed him in some of the programs which he has put forward and brought into being have come to see afterward that he was right and to agree with him.

I have no doubt that he will serve the population generally.

I think there is a popular conception that a surgeon is a very narrow specialist. Whatever the merits of this may be, it certainly does not apply to Dr. Everett Koop. He had a broad education at

Dartmouth, broad experience in medical school at Cornell, internship at the Pennsylvania Hospital—and that has always been a liberal education in itself because of the very wide population which that hospital has served—and I think his further record is very clear in its evidence of the breadth of his interests and the broadness of his concerns.

The CHAIRMAN. Thank you, Dr. Rhoads.

We note that you are the emeritus professor of surgery of the School of Medicine at the University of Pennsylvania. You are much distinguished, and I think it is a great personal favor for you to come here and make the effort to testify in favor of Dr. Koop. We appreciate it, and we will put your complete statement in the record at this point, without objection.

Dr. RHOADS. Thank you very much.

Perhaps you would strike the word emeritus; I am still an active professor.

The CHAIRMAN. You are still an active professor? [Laughter.]

I am glad to hear that. It is great to have you with us.

[The prepared statement of Dr. Rhoads follows:]

NOMINATION OF C. EVERETT KOOP TO BE SURGEON GENERAL
OF THE UNITED STATES PUBLIC HEALTH SERVICE
10/1/81

SENATOR HATCH, GENTLEMEN:

I AM JONATHAN F. RHOADS OF PHILADELPHIA. I HAVE READ THE WRITTEN TESTIMONY PREPARED BY RICHARD D. WOOD, JOHN J. DOWNES AND GIULIO J. D'ANGIO AND I AM IN AGREEMENT WITH THEM. RATHER THAN REITERATE THE NUMEROUS POINTS THEY MAKE IN SUPPORT OF DR. KOOP'S INTELLECTUAL AND ADMINISTRATIVE ABILITIES AND OF HIS SUBSTANTIAL CONTRIBUTIONS TO PUBLIC HEALTH, I PREFER TO SPEAK ON A MORE PERSONAL BASIS.

FIRST, MAY I LIST MY OWN CREDENTIALS. I AM A GRADUATE OF JOHNS HOPKINS MEDICAL SCHOOL AND TOOK MY HOSPITAL TRAINING AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA IN PHILADELPHIA FOR THE SEVEN YEARS 1932-1939 AND EARNED THE DEGREE OF DOCTOR OF MEDICAL SCIENCE FROM THE UNIVERSITY OF PENNSYLVANIA IN 1940. I WAS CERTIFIED IN GENERAL SURGERY THE SAME YEAR AND HAVE SERVED ON THE TEACHING STAFF OF THE MEDICAL SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA IN VARIOUS CAPACITIES FROM 1934 TO THE PRESENT. I WAS CHAIRMAN OF THE DEPARTMENT OF SURGERY FROM 1959-1972, HAVING PREVIOUSLY SERVED AS PROVOST OF THE UNIVERSITY IN THE YEARS 1956-1959. MY COLLEAGUES HAVE BEEN OVERLY GENEROUS IN ELECTING ME TO THE IMPORTANT SURGICAL ORGANIZATIONS OF THE UNITED STATES AND ABROAD AND I HAVE SERVED AS PRESIDENT OF THE SOCIETY OF CLINICAL SURGERY, THE SOCIETY FOR SURGERY OF THE ALIMENTARY TRACT, THE INTERNATIONAL SURGICAL GROUP, THE INTERNATIONAL FEDERATION OF SURGICAL COLLEGES, THE AMERICAN CANCER SOCIETY, THE AMERICAN SURGICAL ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS. I AM AN HONORARY MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND, THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, THE COLLEGE OF MEDICINE AND SURGERY OF SOUTH AFRICA, THE ASSOCIATION OF SURGEONS OF INDIA, THE POLISH SURGICAL ASSOCIATION, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, AND A CORRESPONDING MEMBER OF THE DEUTSCHES GESELLSCHAFT FUR CHIRURGIE. I HAVE RECEIVED HONORARY DEGREES FROM FOUR OF THE FIVE INSTITUTIONS GRANTING THE M.D. IN PHILADELPHIA, DOCTOR OF LAWS FROM THE UNIVERSITY OF PENNSYLVANIA,

DOCTOR OF SCIENCE FROM HAHNEMANN MEDICAL COLLEGE, DOCTOR OF MEDICAL SCIENCE FROM THE MEDICAL COLLEGE OF PENNSYLVANIA, AND DOCTOR OF LETTERS FROM JEFFERSON MEDICAL SCHOOL. I ALSO HAVE HONORARY SCIENCE DEGREES FROM HAVERFORD AND SWARTHMORE COLLEGES, FROM DUKE UNIVERSITY AND THIS YEAR FROM GEORGETOWN UNIVERSITY. I HAVE SHARED THE GOLDBERGER PRIZE IN NUTRITION OF THE AMERICAN MEDICAL ASSOCIATION WITH DR. STANLEY DUDRICK FOR THE DEVELOPMENT OF INTRAVENOUS HYPERALIMENTATION AND LATER RECEIVED THE SHEEN AWARD GRANTED BY THE AMERICAN MEDICAL ASSOCIATION. I HAVE ALSO RECEIVED THE PHILADELPHIA AWARD AND AWARDS AND MEDALS FROM THE AMERICAN CANCER SOCIETY, THE INTERNATIONAL SOCIETY OF SURGERY, THE BUFFALO SURGICAL SOCIETY, AND I AM ONE OF FIVE RECIPIENTS OF THE DISTINGUISHED SERVICE MEDAL OF THE AMERICAN SURGICAL ASSOCIATION.

IN GOVERNMENT AFFAIRS, I HAVE BEEN ACTIVE IN ADVISORY CAPACITIES WITH THE NATIONAL RESEARCH COUNCIL, A MEMBER OF THE SURGERY STUDY SECTION OF THE UNITED STATES PUBLIC HEALTH SERVICE, A MEMBER OF THE NATIONAL GENERAL MEDICAL SCIENCES ADVISORY COUNCIL, A MEMBER OF THE SENATE ADVISORY PANEL ON CANCER IN 1971 AND ONE OF THE ORIGINAL MEMBERS, AND THE CHAIRMAN UNDER THREE PRESIDENTS OF THE NATIONAL CANCER ADVISORY BOARD. MORE IMPORTANTLY, I HAVE HAD A SHARE IN THE EDUCATION AND TRAINING OF OVER 50 MEN WHO HAVE BECOME FULL PROFESSORS OF SURGERY IN THE UNITED STATES AND ABROAD AND THE FIRST PERSON WHO HAS HAD NEARLY ALL OF HIS TRAINING IN SURGERY WITH ME WAS DR. C. EVERETT KOOP. APPOINTED BY THE LATE GENERAL I.S. RAVDIN FOR RESIDENCY TRAINING, HIS TOUR OF DUTY BEGAN SIX WEEKS AFTER DR. RAVDIN HAD LEFT FOR SERVICE IN THE ARMY AND, ONLY A FEW MONTHS AFTER DR. RAVDIN RETURNED, DR. KOOP LEFT ADULT GENERAL SURGERY TO PURSUE HIS CAREER IN PEDIATRIC SURGERY. KOOP, AS HIS NAME SUGGESTS, COMES FROM THE OLD DUTCH STOCK ON LONG ISLAND. I KNEW AND ADMIRERD BOTH OF HIS PARENTS AND HAD THE PRIVILEGE OF TAKING CARE OF HIS MOTHER AND OPERATING ON HER TWICE. I HAVE SEEN DR. KOOP IN ALL PHASES OF HIS CAREER AND HAVE WATCHED HIS STATURE GROW AND SURPASS THAT OF THOSE AROUND HIM. I WAS NEVER MORE IMPRESSED WITH THIS THAN ON A VISIT IN HAMBURG IN ABOUT 1965 WHEN I WAS TAKEN TO SEE THE TEACHING HOSPITAL JUST OUTSIDE OF THAT CITY. I FOUND THAT MY HOST WAS INTERESTED IN

PEDIATRIC SURGERY AND I MENTIONED SOME OF DR. KOOP'S WORK TO HIM. ON FINDING THAT I KNEW DR. KOOP, I COULD SEE THAT I HAD IMMEDIATELY BECOME A PERSON OF GREAT INTEREST TO HIM FOR THE FIRST TIME.

THE REASONS I BELIEVE DR. KOOP CAN AND WOULD DO A SUPERIOR JOB AS SURGEON GENERAL IS THAT HE IS A VERY WELL ORGANIZED INDIVIDUAL, HE COMBINES A GREAT ABILITY TO WORK WITH PEOPLE WITH A BRILLIANT MIND AND WELL CONTROLLED DRIVE. HE IS CAPABLE OF THE ENORMOUS AMOUNT OF HARD WORK AND LONG HOURS WHICH CHARACTERIZE OUR GOVERNMENT LEADERS IN WASHINGTON AND, PARTICULARLY, IN THE SENATE. HE IS UNSPARING WITH HIS OWN EFFORTS. HE HAS A STRONG SENSE OF PURPOSE AND A REMARKABLE ABILITY TO GET THINGS DONE IN WAYS THAT EVEN HIS OPPOSITION ACKNOWLEDGE AFTERWARDS IS RIGHT. THERE IS A RATHER WIDESPREAD IDEA THAT SURGEONS ARE PRIMA DONNAS AND DIFFICULT TO GET ALONG WITH, SELF-CENTERED, ^{AND} _A NARROW IN THEIR FIELD OF KNOWLEDGE. WHATEVER FOUNDATION AND EXPERIENCE THERE MAY BE TO THIS PICTURE, IT CERTAINLY DOES NOT APPLY TO DR. KOOP. HIS APPROACH TO HIS EDUCATION WAS BROAD, WITH A BACHELOR'S DEGREE FROM DARTMOUTH WHERE HE ENJOYED ATHLETICS. INDEED, HIS ATHLETIC CAREER WAS, I BELIEVE, CURTAILED BY A BROKEN LEG. HE MADE A FINE RECORD IN CORNELL MEDICAL SCHOOL IN A BROAD RANGE OF SUBJECTS. HE TOOK AN INTERNSHIP AT PENNSYLVANIA HOSPITAL WHICH IS ALMOST AN EDUCATION IN ITSELF DUE TO THE MIXED POPULATION WHICH THE FIRST HOSPITAL IN THE UNITED STATES CONTINUES TO SERVE.

AS A SURGICAL RESIDENT HE HAD A VERY BROAD INTEREST AND CARRIED ON EXTENSIVE RESEARCH OF A HIGH ORDER IN THE DEVELOPMENT OF BONE GELATIN AS A PLASMA SUBSTITUTE. WHILE THIS SUBSTANCE DID NOT PROVE TO BE THE IDEAL PLASMA SUBSTITUTE, FEW MATERIALS WERE EVER STUDIED MORE THOROUGHLY. WHEN HE WENT TO THE CHILDREN'S HOSPITAL HE WAS NEARLY A YEAR SHORT OF COMPLETING HIS STANDARD SURGICAL TRAINING BUT, IN SPITE OF THIS HANDICAP, HE TRIPLED THE VOLUME OF SURGERY DONE IN THAT HOSPITAL WITHIN SIX MONTHS AND AS OTHER TESTIMONY CONFIRMS, THE HOSPITAL IS NOW APPROXIMATELY 60% SURGICAL EVEN THOUGH IT NOW OPERATES NEARLY 50% MORE BEDS THAN IT DID AT THE TIME HE JOINED ITS STAFF. ONE OF DR. KOOP'S GREAT ASSETS IS HIS ABILITY TO DIGEST A NEW FIELD OF INFORMATION RAPIDLY AND PRESENT IT

CLEARLY AND SUCCINCTLY IN SUMMARY FORM. I HAVE WATCHED HIM DO THIS REPEATEDLY AND I CONSIDER IT A VERY IMPORTANT ASSET IN THE KIND OF WORK WHICH HE WOULD BE CALLED UPON TO DO AS SURGEON GENERAL. HE IS A BORN TEACHER WITH AN EXTENSIVE EXPERIENCE BOTH IN SELECTING MEN AND WOMEN FOR IMPORTANT JOBS AND IN GIVING THEM THE FREEDOM AND RESPONSIBILITY TO CARRY THESE JOBS OUT WITH ENJOYMENT AND SUCCESS.

FINALLY, I WOULD LIKE TO EMPHASIZE THE EXTENT OF HIS ACTIVITIES IN THE FIELD OF PUBLIC HEALTH. DURING WORLD WAR II, DR. KOOP WAS THE SURGICAL CONSULTANT TO AN EPIDEMIOLGY TEAM LED BY THE LATE PEDIATRICIAN, JOSEPH STOKES, JR., WHO WAS ASSIGNED THE TASK OF INVESTIGATING THE INCIDENCE OF HEPATITIS DURING THE ALLIED INVASION OF ITALY. IN THE COURSE OF HIS WORK, HE DESCRIBED THE FIRST TRANSMISSION OF THE HEPATITIS VIRUS ACROSS THE PLACENTA TO AFFECT THE FETUS WITHOUT PRESENTING ANY SIGNS OF THE DISEASE PROCESS IN THE MOTHER. WHILE WORKING WITH THE COMMITTEE OF THE AMERICAN ACADEMY OF PEDIATRICS, DR. KOOP BROUGHT ATTENTION TO THE DANGERS OF X-RAYS IN THE FEET OF CHILDREN TO SEE WHETHER OR NOT THEIR SHOES FIT PROPERLY. THE RESULT OF THIS ENDEAVOR WAS TO HAVE THE MACHINES CALIBRATED IN SOME STATES AND EVENTUALLY TO HAVE THE PRACTICE DISCONTINUED DUE TO ITS INHERENT DANGERS. THIS IS AN EXAMPLE OF A PUBLIC HEALTH HAZARD BEING IDENTIFIED AND CORRECTED.

IN THE AREA OF COST-EFFECTIVE HEALTH CARE DELIVERY MODIFICATIONS, DR. KOOP WORKED WITH COLLEAGUES IN THE DELAWARE VALLEY TO PROVIDE CARE FOR RESPIRATOR-DEPENDENT CHILDREN AT THEIR HOMES AT A COST OF ABOUT ONE-TENTH OF HOSPITAL COSTS. JUST AS IMPORTANTLY, THIS METHOD IMPROVED QUALITY OF THE CARE FOR THE CHILDREN. DR. KOOP WAS ONE OF THE FIRST SURGEONS TO INITIATE THE PRACTICE OF SHORT-TERM STAY FOR HERNIA OPERATIONS AND AT A VERY EARLY PERIOD BEGAN TO SEND HIS PATIENTS HOME THE DAY AFTER THE PROCEDURE. LATER, HE WAS A PIONEER IN ADDRESSING HOSPITAL COSTS BY DEVELOPING A SHORT PROCEDURES UNIT SO THAT NOW MANY OF THE CASES COMING TO THE CHILDREN'S HOSPITAL OF PHILADELPHIA STAY LESS THAN A WHOLE DAY.

OVERSEAS, DR. KOOP, IN 1965, BROUGHT TOGETHER THE STATE DEPARTMENT'S REFUGEE

AND MIGRATION OFFICE AND PRIVATE CITIZENS IN THE MID-WEST PORTION OF THE UNITED STATES, FOR THE PURPOSE OF PLANNING AND BUILDING A 180-BED HOSPITAL TO SERVE A PARTICULAR SEGMENT OF UNDERSERVED CITIZENS IN THE CROWN COLONY OF HONG KONG. IN 1960, UNDER THE AEGIS OF THE STATE DEPARTMENT HE TRAVELED TO GHANA AND CONCLUDED AN AGREEMENT FOR THE ESTABLISHMENT OF AN AMERICAN TYPE MEDICAL SCHOOL. IN ADDITION, HE BROUGHT ABOUT AN ARRANGEMENT WITH THE PHILADELPHIA COLLEGE OF PHYSICIANS THROUGH WHICH A FACULTY WAS RECRUITED FOR THE SCHOOL IN GHANA. BECAUSE OF HIS CONCERN FOR THE HEALTH STATUS OF PEOPLE IN LESS DEVELOPED COUNTRIES, HE SOUGHT AND OBTAINED FUNDS FROM THE READERS DIGEST FOR A PROGRAM MANAGED BY M.A.P. INTERNATIONAL, INC. THIS PROGRAM WAS INSTRUMENTAL IN SENDING OVER 750 MEDICAL STUDENTS TO MEDICALLY UNDERSERVED NATIONS SO THAT THEY MIGHT BECOME ACQUAINTED WITH THE RIGORS OF PRACTICING RURAL MEDICINE IN PRIMITIVE CIRCUMSTANCES. IT IS OF INTEREST THAT OVER 9% OF THESE STUDENTS HAVE CHANGED THEIR CAREER GOALS TO PUBLIC HEALTH MEDICINE. AT THE REQUEST OF THE PUBLIC HEALTH DEPARTMENT OF THE DOMINICAN REPUBLIC, HE CONDUCTED AN ASSESSMENT OF THE NEEDS STEMMING FROM A DIARRHEA EPIDEMIC WHICH DEVELOPED IN THE DOMINICAN REPUBLIC WITH AN INFANT MORTALITY RATE REACHING BETWEEN 50 AND 70%. HE PLANNED AND ESTABLISHED NINE HYDRATION STATIONS FOR ADMINISTERING INTRAVENOUS FLUIDS. HE PROCURED PHYSICIANS AND NURSES FOR THE STATIONS, AND ARRANGED FOR THE NECESSARY SUPPLIES. THE EPIDEMIC WAS STOPPED AS THE DIRECT RESULT OF DR. KOOP'S ADMINISTRATIVE AND CLINICAL SKILLS. ONE OF HIS MAJOR CONTRIBUTIONS TO PUBLIC HEALTH IS HELPING REFINE MEDICAL CARE TECHNIQUES IN PEDIATRIC ANESTHESIOLOGY AND IN STARTING INFANT INTENSIVE CARE UNITS. HE ESTABLISHED THE FIRST NEWBORN INTENSIVE CARE UNIT IN THE UNITED STATES AND THIS HAS BEEN INSTRUMENTAL IN REDUCING INFANT MORTALITY RATES. HE ALSO CONTRIBUTED TO SURGICAL MODIFICATION OF THE STANDARD INCUBATOR FOR PREMATURE INFANTS SO THAT MORE PROCEDURES COULD BE CARRIED OUT IN THE CONTROLLED ENVIRONMENT OF THE INCUBATOR.

IT IS UNUSUAL FOR A MAN WHO HAS DEVOTED HIMSELF SO SUCCESSFULLY TO SURGERY TO RELINQUISH HIS POST AND DEVOTE HIMSELF TO FULLTIME WORK FOR THE FEDERAL GOVERNMENT. DR. KOOP MADE A DECISION TO DO THIS AND I AM SURE THAT IT WILL BE AT NO SMALL FINANCIAL

SACRIFICE. HIS WORTH IS ATTESTED TO BY THE MANY POSITIONS FOR WHICH HE HAS BEEN CHOSEN BY PEOPLE WHO KNEW HIM WELL. JUST TO LIST A HANDFUL OF THESE, I WOULD MENTION THAT HE BECAME SURGEON-IN-CHIEF OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA AT THE AGE OF 32 IN 1948, PROFESSOR OF PEDIATRIC SURGERY IN THE MEDICAL SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA, EDITOR-IN-CHIEF OF THE JOURNAL OF PEDIATRIC SURGERY, PRESIDENT OF THE AMERICAN SOCIETY OF PEDIATRIC SURGERY, AND CHAIRMAN OF THE SURGICAL SECTION OF THE AMERICAN ACADEMY OF PEDIATRICS. HE HAS THREE EARNED ACADEMIC DEGREES AND FOUR HONORARY DEGREES, INCLUDING ONE FROM THE UNIVERSITY OF LIVERPOOL. HE IS A MEMBER OF THE BRITISH ASSOCIATION OF PEDIATRIC SURGEONS AND THE RECIPIENT OF THEIR WIDELY ACCLAIMED DENNIS BROWN GOLD MEDAL. HE IS ALSO A MEMBER OF THE INTERNATIONAL SOCIETY OF SURGERY, OF THE SOCIETE DE FRANCAISE DE CHIRURGIE INFANTILE, THE DEUTSCHE GESELLSCHAFT FUR KINDERCHIRURGIE, AND THE SOCIETE SUISSE DE CHIRURGIE INFANTILE. HE RECEIVED THE ORDER DUARTE, SANCHEZ, AND MELLA--THE DOMINICAN REPUBLIC'S HIGHEST AWARD, PRESENTED TO HIM BY JOAQUIN BALAGUER, PRESIDENT.

I HAVE PREVIOUSLY RECOMMENDED HIM TO THE SECRETARY OF HEALTH, AND I RECOMMEND HIM TO YOU WITH CONFIDENCE AND ENTHUSIASM FOR CONFIRMATION AS SURGEON GENERAL.

The CHAIRMAN. We will now go to a panel composed of H. Arnold Muller—Dr. Muller is the secretary of health of the State of Pennsylvania—and Ira L. Myers. Dr. Myers is a doctor plus a master of public health and the State health officer of the State of Alabama.

We are very honored to have both of you gentlemen with us here today, and to help you to make your commitments we will hear your testimony at this time.

We would appreciate it if you would summarize. We will put all statements in the record in full as though fully delivered, and that will allow us a little more time for questions.

Dr. Myers, let me apologize to you; Senator Denton is unable to be here because of this very important AWACS hearing that is going on down at the White House right now.

He is considered one of the experts in the AWACS controversy, and I think he wanted me to let you know that he would have been here otherwise, but the President wanted him at the White House.

Dr. MYERS. I understand completely.

The CHAIRMAN. Thank you so much.

Dr. Muller?

STATEMENT OF H. ARNOLD MULLER, M.D., SECRETARY OF HEALTH, STATE OF PENNSYLVANIA

Dr. MULLER. Senator Hatch, ladies, and gentlemen, as the Senator has said, the written testimony will be entered in the record. I would like to speak basically from an extemporaneous point of view and try and avoid redundancy, although as an educator I think there is something to be said for it, but it can be a bore.

I bring you the perspective of a physician with 6 years of military medicine experience, 8 years of private practice experience in the field of internal medicine, 7 years experience as chief of a division of emergency medicine in an academic setting, and more recently as secretary of health of Pennsylvania and as such the chief health officer of our fourth most populous State.

Some might say that I represent and support Dr. Koop because he is a member of the old boys' club. Dr. Koop and I are physicians, Pennsylvanians, graduates of Dartmouth College, interned at Pennsylvania Hospital, and are elders in the Presbyterian Church. I did not know Dr. Koop however until a month ago.

As secretary of health I certainly knew of him and of his many meritorious contributions to medicine. I was aware of and am aware of the concerns that some, particularly in the public health field, have expressed, and I am a member of the American Public Health Association.

I discussed with members of my staff who have worked with Dr. Koop, his life and his accomplishments, and the pros and cons.

I have met with Dr. Koop on two occasions and prodded, poked, and asked questions relevant to public health.

I submitted my written testimony to Dr. Koop 2 days ago to see if indeed it accurately stated what I intended, and he called my attention to the fact that he is not to be, if approved, Surgeon General of these United States, but rather Surgeon General of the U.S. Public Health Service.

The law may say that, but I submit that the perspective of the Senate as it was spoken this morning and all of you in the audience is that the Surgeon General is the Surgeon General of these United States.

I would also point out as a clinician and public health officer that those of us in the health field, be we doctors, nurses, or other allied health care givers, view the Surgeon General of the United States as just that—that lead person in health care for all of us and all of the people that we serve.

Dr. Koop's experience in and therefore qualifications for the position of Surgeon General have been questioned on numerous occasions this morning. I would like to paint for you briefly my concept of public health.

It is broad, it has many facets, and it encompasses many disciplines. It concerns itself with prevention, with wellness, but also with disease states. It is terribly relevant to remember that.

It concerns itself with planning, with facility and service development, with network formation. Each of us in clinical medicine has an element of public health within our sphere.

In emergency medicine we do not just treat people with heart attacks, strokes, bleeding ulcers, and the like; we emphasize the need for motorcyclists to wear helmets and for motorists to wear seatbelts and shoulder straps. That is preventive medicine. That is public health operative in the clinic sphere.

I think Dr. Koop's background in clinical medicine suits him well to be a Surgeon General because there are elements of clinical medicine that are very relevant to the broad field of public health.

I support the committee's findings, as expressed, on his involvement from a public health point of view in the recognition of cancer in children and its public health significance and of what he did in terms of elimination of flavoring from caustics.

My feet were X-rayed when I was a child. My children's feet were not. That is preventive medicine; that is public health. Neonatal intensive care units around the world are there because of Dr. Koop and the people with whom he worked.

I would emphasize that in asking Dr. Koop what indeed was his involvement in these many aspects of public health for which he is credited with developing, it was significant that in almost all instances their development involved a community of health effort. There were other people involved in those enterprises as well.

Opposition has been raised because of his attitude toward the interruption of pregnancy. I do not agree with Dr. Koop's stand in that particular instance. I do agree with Senator Metzenbaum's feeling and that expressed by others, including Senator Hawkins, that no one should be judged on the basis of one issue.

You and I know that many knowledgeable, intelligent, moral—if you will—well qualified, reasonable people have looked at this issue, and they have come down on opposite sides of the fence.

The issue rests with our Congress, with our courts, and with our people. It would be deleterious to our democratic process to allow it to enter this hall and be the decision point for Dr. Koop.

For the benefit of my public health colleagues I will tell you that I have explored with Dr. Koop his attitude toward smoking, and he is against it; toward marihuana, and he does not want it deregula-

ted; he feels—as we do—that it might lead then to hard drug usage, and so forth.

He has expressed himself in the way we would want him to express himself relative to breast feeding. He is not opposed, as he has said, to family planning or contraception. He is knowledgeable about alcohol and drug abuse and knows the many needs that exist in that vast and rumbled field.

How can a pediatrician be expected to be the lead person in our Nation for the disabled and the elderly? Because they are dependent, just as children are; because this man has contributed greatly to the disabled children and can expand that ability to the disabled of all ages.

I have been in Dr. Koop's office, and he has been in mine. He visited me on September 3, this year. That was the first time I ever saw him.

Just before Dr. Koop arrived, a sprightly 86-year-old lady from Philadelphia visited our emergency management person. She was invigorating. I talked to her and found that we had something in common: Her son was a Dartmouth graduate, as was I and I knew Dr. Koop to be.

The poor man (Dr. Koop) had hardly arrived when I dragged him down there and said, "I want you to meet this lady. You have something in common," and they began to talk. And they talked about a book, of which I knew not, and the book is here: "Sometimes Mountains Move."

The lady, "Dr. Koop, you wrote that book," and Dr. Koop said, "My wife and I wrote that book." She said, "I have bought five or six copies, and I have found it so useful for people who have lost loved ones." And the conversation went along that way, and I did not know what was going on, but I know what was going on now because I have bought and read the book, and it is a testimony to Christian belief and God.

You say, "Why enter this in the record, Dr. Muller?" Because neither Elizabeth Koop nor C. Everett Koop knew, I am sure, when they wrote this book, that they were providing a public health service to 15,000 to 20,000 people who have bought the book, because it serves the purposes of people who are bereaved. It lifts them out of a quagmire of depression. It is an extraordinary example of how a man and his wife have provided a public health effort that is very meaningful.

When we interviewed candidates for our residency program in emergency medicine—my former academic life—I found it helpful to ask my secretary what she thought of the applicants.

When I was in Dr. Koop's office I watched Dr. Koop, and I noted how he treated people—not me, because he had a vested interest in pleasing me. I wanted to know how he treated the people that you and I might consider his subordinates.

He treated them directly, he treated them warmly, and he treated them with consideration. That is what comes through when you deal with this man. That is what I have found in talking with others who have lived and worked with this man. He is sensitive, he has a perspective, he is articulate, and knowledgeable.

We live—as many have pointed out this morning—in a time of decreased resources. I live with that at the State level. The Surgeon General will live with that at the national level.

How do we do with less? How do we meet the demands? I plagiarized Dr. Koop's thinking the other day. I sat and listened to ways that he had in mind to deal with getting more done with less, in essence.

He is imaginative, he is innovative, he has leadership qualities, and there is absolutely no question in my mind that he has contributed greatly to the broad area of public health.

I dare say that my colleagues in the public health field—many if not all them would give their eye teeth to have contributed even one let alone all of the many things that this man has to American medicine and to American life.

Based upon what I have learned about him, based upon what I know from speaking to Dr. Koop, based upon my readings, I submit that he is an excellent candidate and should be supported for the nomination. I think he will make an excellent Surgeon General.

Once in a while mountains move. Rarely we meet people who can move mountains. Dr. Koop can.

Thank you, Senator.

[The prepared statement of Dr. Muller follows:]

October 1, 1981

TESTIMONY OF H. ARNOLD MULLER, MD., SECRETARY OF HEALTH, COMMONWEALTH OF PENNSYLVANIA
BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE

Chairman Hatch and distinguished senators of the Senate Labor and Human Resources Committee. My name is Dr. H. Arnold Muller. I am the Secretary of Health and as such the chief public health officer for the Commonwealth of Pennsylvania. I greatly appreciate this opportunity to testify in support of the confirmation of Dr. C. Everett Koop as the Surgeon General of the United States.

I will limit my testimony to Dr. Koop's experience and qualifications in the area of public health. However, before I address Dr. Koop's experience in public health, I would like to outline a broad operational definition of public health.

Public health addresses those health problems that cannot be effectively dealt with by private health care practitioners or private health care institutions. Public health encompasses broad health systems issues such as planning, health facilities, services provided in health facilities, the development of networks of health service and health manpower development. It also includes recognition and solution of problems related to the control of communicable diseases, degenerative diseases such as hardening of the arteries and wasting diseases such as cancer. The public health aspects of neonatal disease include education of the populace regarding the hazards of rubella during the first trimester of pregnancy, provision and identification of centers for high risk mothers, assuring that a sufficient number of neonatal intensive care units are available and accessible and that the quality of such units and services are assured. The clinical aspects of neonatal intensive care, i.e. actual "hands on treatment" is the responsibility of clinical practitioners of neonatal medicine.

Dr. Koop's experience in public health may be evaluated in light of our understanding of this very important field of medicine. Indeed using this definition of public health I would like to highlight some of Dr. Koop's experiences in two major spheres of public health, (1) health systems development and (2) disease prevention and control.

HEALTH SYSTEMS PROBLEMS

Dr. Koop has been involved in the development of health services in underdeveloped countries for most of his professional career. He has for example developed health clinics to care for medically underserved Tarascan Indians in central Mexico. These clinics are staffed by para-professionals trained to provide simple and basic health services. It has been demonstrated in similar programs, including the barefoot doctor program in China, that the provision of the simple basic health services to medically underserved people results in substantial improvements in their health.

Recognizing that many young medical students who are interested in international medicine often have an unrealistic concept of what their medical practice might be like in the third world countries, Dr. Koop was instrumental in developing a fellowship program in which medical school students could experience both the rewards and frustrations of practicing medicine in underdeveloped countries. This program has enabled over 750 medical students to decide, based on actual life experiences, whether they wish to devote their lives to international medicine.

The first neonatal intensive care unit in the United States was developed under the aegis of Dr. Koop at Children's Hospital in Philadelphia. The development of that unit and subsequent replication of like units throughout the country and abroad has resulted in a marked reduction in morbidity and mortality of neonates worldwide.

Ever aware of the needs of third world nations people for medical care, Dr. Koop, under the aegis of the State Department concluded an agreement with Ghana for the establishment of an American-type medical school. Subsequently he saw to it that the faculty of the school was sponsored for five years by the Philadelphia College of Physicians.

DISEASE PREVENTION AND CONTROL

The Dominican Republic requested Dr. Koop's assistance in controlling an epidemic of diarrhea affecting infants. As a result of dehydration the mortality rate among the affected infants ranged from 50 to 70 percent. To combat this epidemic, Dr. Koop established nine hydration stations for the administration of intravenous fluids. The mortality rate dropped precipitously thereafter.

As part of his work with the American Academy of Pediatrics, Dr. Koop was one of the first physicians to recognize the dangers of radiation exposure (increased risk of leukemia and cancers) when children's feet were x-rayed to determine if shoes fit properly. As a result of this work the practice of x-raying children's feet was discontinued and a public health hazard eliminated.

Utilizing personal observation and relevant data, Dr. Koop identified cancer as a major public health problem among children. As a consequence of this effort, cancer in children is the focus of a significant body of research which is supported in part by the National Institutes of Health.

As a member of the Accident Prevention Committee of American Academy of Pediatrics, Dr. Koop participated in a program to eliminate wintergreen flavoring in certain corrosive cleaners. The use of flavoring in these cleaners resulted in children ingesting them with resultant severe burns of the mouth and the esophagus. Once again a public health hazard in children was eliminated with a resultant decrease of oral and esophageal burns and strictures.

Thus it can be clearly seen that Dr. Koop has worked in and made important contributions to a broad spectrum of public health endeavors.

Mr. Chairman, some additional comments are appropriate to Dr. Koop's nomination. I do not share Dr. Koop's views on the issue that has attracted some attention to this nomination. I do, however, believe that it is inherently destructive to our democratic process to judge a man's qualification for office on the basis of a single issue. It is fundamental to our democratic traditions that a person's qualifications for office be evaluated in the context of the whole of the person's experiences, knowledge and views. This principle must be equally applied whether the candidate is Judge Sandra Day O'Connor or Dr. C. Everett Koop.

In conclusion, Mr. Chairman, as the chief public health officer of one of the largest states, I look to the Surgeon General of the United States to provide leadership in the area of public health. Accordingly, I believe the person appointed to that position must be firmly committed to improving the health of our citizens, he must have experience in public health and clinical medicine and he must have the personal integrity to rise above partisan politics when necessary to address issues that are vital to maintaining and improving the public health.

Mr. Chairman, distinguished Senators, I believe Dr. Koop meets all these criteria and would be an outstanding Surgeon General. I therefore urge you to recommend to your colleagues in the Senate that they vote to confirm C. Everett Koop, M.D. as the Surgeon General to the United States.

Thank you.

The CHAIRMAN. Thank you.

I know you have to leave, so I will ask you a question rather than wait until Dr. Myers has given his statement.

In the American Public Health Association's testimony it is stated, "If the effort described is directed primarily at patients who are ill it is clinical patient care. If the effort described is directed at a group of relatively healthy people it is public health services." Do you agree with this definition?

Dr. MULLER. No, I do not, sir.

The CHAIRMAN. Would you explain why?

Dr. MULLER. Public health does indeed involve the well. It is directed at wellness, illness, and accident prevention, but admittedly it does not always work.

We have within our department of health in Pennsylvania a division of epidemiology. It deals with diseases that might occur and diseases that do occur. When an outbreak of a protozoan disease occurred in our State last year it was our public health people who went to that sector to deal with the genesis of that disease and develop ways of preventing it. It was a clinical, recognized disease entity with which we dealt as public health officials. The same may be said for tuberculosis and venereal disease.

The CHAIRMAN. Do you feel then from what you have heard thus far today and from own knowledge that Dr. Koop does have significant experience in public health?

Dr. MULLER. I certainly do.

The CHAIRMAN. Thank you so much. We will be glad to excuse you so that you can catch your transportation as well.

Dr. MULLER. Thank you.

The CHAIRMAN. Dr. Myers, we are pleased to have you here and look forward to taking your testimony.

STATEMENT OF IRA L. MYERS, M.D., M.P.H., STATE HEALTH OFFICER, STATE OF ALABAMA

Dr. MYERS. Mr. Chairman, I believe that you stated that my testimony would be included in the record.

The CHAIRMAN. It will be included in the record as though fully read.

Dr. MYERS. Then I would like to speak also extemporaneously and to state to you that as a physician, an epidemiologist, and a public health administrator being the second-ranking in terms of service among State health officers and State health commissioners or secretaries—whatever the term might be—in the United States it has been my pleasure not only to be a member of the Commission Corps of Public Health Service and to have served in Federal service earlier but to have been back in my native State at the

firing line level for some 25 years and to retain a commission in the inactive reserve corps of the Public Health Service.

It has also been my pleasure to know the Surgeons General as they have served for the past more than 30 years. I have come to appreciate their expertise and the amount of ability that they bring to that office.

I would say to you that each one brings some unique abilities to the office. Not all of them have all of the same capabilities. I think that is to the credit of our changing times.

I guess I can sympathize with Dr. Koop because I have been criticized because I did not know more of a particular specialty of medicine, being a generalist in public health.

However, I can assure you that my experience with surgeons in particular in public health is that they make very clean decisions. They are very thoughtful about decisions that they make, and once they make those decisions they stick with them. That I think is a plus in terms of Dr. Koop's ability.

Above all, one of the most important roles for the Surgeon General of the Public Health Service is to bring leadership to those of us in the various States and territories. That is the thing we have lacked the most. That is one of those things that I believe Dr. Koop will do.

I believe that his record will show that he is interested in the broad spectrum of prevention, regardless of whose definition of "public health" you use. Whether it is the World Health Organization's or Dr. Winslow's definition, you will find that it is extremely broad.

You will also find that in this definition of "public health," he has been involved in various aspects not only in this Nation but on an international scale.

I have no doubt in my mind whatsoever that Dr. Koop brings the kind of thoughtful wisdom and leadership that is needed to give us a solid program, and his credentials in public health are as valid as mine because he is interested in people.

This is a time when we are getting away from categories in programs and we are talking about the total need of people. He is a man who is warm, compassionate, understanding, and talks about the total patient.

Any pediatrician knows that you not only treat the baby but you treat mothers and fathers as well.

I think it is a credit not only to the profession, but it is a credit to our Nation that he is nominated, and I certainly urge his confirmation.

The CHAIRMAN. Thank you so much, Doctor.

I earlier stated what I thought to be the central problem, and that is whether Dr. Koop is concerned about public health problems and whether he has demonstrated the ability to organize efforts to solve those problems. How would you assess Dr. Koop in this regard?

Dr. MYERS. His ability to solve problems has been proven by his record, not only as he has dealt with problems of perinatal mortality—which happens to be a major issue in our particular State—but he has dealt with those problems that lead to the health of

babies and their improvement, particularly in the prevention of disability as well.

The CHAIRMAN. Thank you, Doctor. We appreciate your taking the time to be here. I think your testimony has been very helpful.

Dr. MYERS. Thank you, Senator.

The CHAIRMAN. We will now turn to the remaining doctors and witnesses on panel 1: Dr. Giulio John D'Angio, professor of radiation therapy and professor of pediatric oncology at the University of Pennsylvania School of Medicine. He is a director of the Children's Cancer Research Center and the Children's Hospital of Philadelphia.

We also have Dr. John J. Downes, who is professor of anesthesia and pediatrics at the University of Pennsylvania School of Medicine and president of the medical staff and director at the department of anesthesiology and critical care, Children's Hospital of Philadelphia.

Then we have Mr. Richard D. Wood, chairman of the board of managers of the Children's Hospital of Philadelphia. We have already heard from Dr. Rhoads who is professor of surgery at the School of Medicine, University of Pennsylvania.

We are delighted to have you good people here with us, and we look forward to hearing your testimony. We will start with you, Dr. D'Angio, if we may.

STATEMENT OF GIULIO JOHN D'ANGIO, M.D., PROFESSOR OF RADIATION THERAPY AND PROFESSOR OF PEDIATRIC ONCOLOGY, UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE; DIRECTOR, CHILDREN'S CANCER RESEARCH CENTER, CHILDREN'S HOSPITAL OF PHILADELPHIA

Dr. D'ANGIO. Thank you, Senator Hatch. It is a privilege to be here.

I have known Dr. Koop for 35 years, first watching his work with admiration from afar and more recently—since 1976—working with him in the same institution.

My own field is the study of childhood cancer, and I would like to limit my remarks to this particular interface between me and Dr. Koop because that is where I know him best.

Childhood cancer is a rare disease. Many are surprised to learn that children can develop cancer. It nonetheless is the leading cause of death from disease in American children. It certainly therefore is a major medical problem for the young and therefore, in turn, for the people of the United States because the future of this country depends on its youth.

Major strides have been made in the cure of the several kinds of malignant diseases that afflict children. A few decades ago virtually every child with leukemia was dead within 12 months. Now more than 50 percent survive for 5 or more years and many can be considered cured.

Indeed, more than 60 percent of children with all forms of cancer survive as a result of modern treatments. This means that because of our success in therapy by 1985 or 1990, 1 person aged 20 in every 1,000 in the United States will be a cured cancer patient.

These treatments have their acute and chronic complications, however. Some of them are obvious like the loss of an arm or a leg.

Others are more subtle and may take years to develop. Examples are treatment-associated second cancers which often take 8 or more years before they become manifest.

Additional examples are chronic pulmonary problems and heart disease occasioned by some of the drugs used with or without radiation therapy.

Let me return to the figure quoted a moment ago. That is, that 1 in every 1,000 young men and women will be a cured cancer patient. To put this in perspective, this is about the same as that for polio in the days when that disease was rampant.

Clearly, polio was a public health problem in its endemic as well as epidemic form. Cancer treatment has created a new endemic condition—namely, the late, deleterious consequences of therapy that can be expected to develop in some cured cancer patients. It is therefore obvious that the least amount of treatment needed to effect a cure is the best amount.

I give you that background so that you will understand the enormous contribution that Dr. Koop has made over the years to the health and welfare of children with cancer and to the adults that they have become.

He was one of the pioneers. He did more, however, than to devise new and innovative techniques—which he did—for the surgical management of these children. Rather, he extended his talents to the study of the disease and the way it evolves in these young bodies.

One of the tumors that attracted his attention early was the neuroblastoma. His observations regarding the extraordinary clinical evolution of this tumor was studied by all those interested in the welfare of children, and the lessons that could be learned from these observations have been extended—certainly by me—to an understanding of many other malignant conditions.

He demonstrated clearly that there was an extremely important tumor-host interaction. Certain patterns of this tumor—which in general remains one of the implacable killers of children—actually behaved in a very benign way.

Minimal therapy—indeed, no therapy—sufficed in some cases. Thus these children were spared all the adversities of vigorous treatment that had been used before then.

Even more important, these observations made the thinking therapist question dogmas regarding the need for radical treatment for various other childhood malignant and paramalignant conditions.

This ripple effect has spread across countless thousands of children and the adults they have become and was directly influential in the launching of national and international studies of childhood cancer—studies that have achieved landmark results and a fame of their own.

His influence was spread not only through his publications and through the many surgeons he trained but also because of his organizing ability and foresight. Dr. Koop organized the first International Conference on Neuroblastoma in 1967, where experts from all around the world were invited to participate and to share their knowledge.

He was one of the founding members of the "Journal of Pediatric Survey," where the proceedings of that meeting and several others of his contributions appeared and were thus widely disseminated throughout the world.

Let me emphasize that because of his experience, because of these observations, and because of this wide dissemination of knowledge the endemic conditions of the cured cancer patient have been reduced insofar as their significance in long-term complications.

It can be seen that in this area alone Dr. Koop has made a contribution to the public welfare, a contribution that has been manifest over many decades and that has affected the life and well-being of literally thousands of patients and their families.

This latter aspect—the psychosocioeconomic correlates of disease—has not escaped Dr. Koop's attention. He has been concerned about the quality of life of the survivor. He has had a direct interest in the rehabilitation of patients who might suffer deficits because of the treatments administered—deficits that might be psychological as well as social or those that can be measured in body function. Certainly they have economic implications.

Thus the psychosocioeconomic aspects of the delivery of medical care have been among his concerns always. He has been one of the major forces in reducing the stay of hospitalized children, helping to initiate the day-hospital concept so that children can be at home with their families where they belong rather than in hospitals.

His organizing ability within the Children's Hospital and within the larger framework of his specialty are matters of record. That he has been a consummate teacher is clear from the many surgeons who now have their own departments in countries around the world.

More than that, he early saw the need for a service within the Children's Hospital of Philadelphia that would deal specifically with cancer in childhood.

I worked with him at that time in helping to recruit the most outstanding pediatric oncologist available for this purpose. He willingly and without reservation turned over to his new-found colleague—a woman—the prime responsibility for the organization of the service and the management of these children, responsibilities that had occupied his time and attention over the years.

The result has been one of the major services of its kind in the country, one of the few that is recognized as a children's cancer center. This demonstrates his clear view of what is needed, his ability to organize, and his readiness to step aside at the appropriate moment, all the while helping the new program to be built for the greater good of the public concern.

I can vouch for the fact that Dr. Koop's help was extended on the basis of one colleague working with another—in this case a woman—with mutual regard and respect.

I think it is evident from these remarks that in Dr. Koop we have a man of breadth with superior organizing abilities, and interests and influences that go far beyond the operating room.

His scholarly work has affected the lives of thousands of children who have since become adults and hence the populace of our country.

His influence and impact on the disease that kills more children than any other has been enormous. His interest in cured cancer patients and their difficulties demonstrate the far and penetrating vision of the medical scholar who looks beyond the immediate clinical problem.

The relatively few cancer patients I have been discussing, who are only a fraction of those seen by a busy surgeon such as Dr. Koop, nonetheless add up to numbers that have important implications regarding the social fabric.

I have no doubt, Senator Hatch, that Dr. Koop will assume his post with the same energy, organizing ability and deep concern for the broader issues that he has demonstrated throughout his medical career, and I support his nomination enthusiastically.

The CHAIRMAN. Thank you, Dr. D'Angio.

[The prepared statement of Dr. D'Angio follows:]

9/29/81

NOMINATION OF C. EVERETT KOOP TO SURGEON GENERAL OF
THE UNITED STATES

STATEMENT BY GIULIO J. D'ANGIO

MY NAME IS GIULIO J. D'ANGIO, DIRECTOR OF THE CANCER RESEARCH CENTER OF CHILDREN'S HOSPITAL OF PHILADELPHIA. I AM PROFESSOR OF RADIATION THERAPY AND PROFESSOR OF PEDIATRIC ONCOLOGY AT THE UNIVERSITY OF PENNSYLVANIA, CHAIRMAN OF THE NATIONAL WILMS' TUMOR STUDY COMMITTEE, AND HAVE BEEN PAST-PRESIDENT OR CHAIRMAN OF VARIOUS PROFESSIONAL BODIES AND ORGANIZATIONS SUCH AS THE PHILADELPHIA CANCER COORDINATING ASSOCIATION, THE RADIATION THERAPY COMMITTEE OF THE CHILDREN'S CANCER STUDY GROUP, THE CANCER CLINICAL INVESTIGATION REVIEW COMMITTEE OF THE NATIONAL CANCER INSTITUTE, THE SECTION ON ONCOLOGY-HEMATOLOGY OF THE AMERICAN ACADEMY OF PEDIATRICS, AND THE NEW YORK ROENTGEN RAY SOCIETY.

I HAVE KNOWN DR. KOOP FOR 35 YEARS, FIRST WATCHING HIS WORK WITH ADMIRATION FROM AFAR, AND MORE RECENTLY--SINCE 1976--WORKING WITH HIM IN THE SAME INSTITUTION.

MY OWN FIELD IS THE STUDY OF CHILDHOOD CANCER, AND I WOULD LIKE TO LIMIT MY REMARKS TO THIS PARTICULAR INTERFACE BETWEEN ME AND DR. KOOP BECAUSE THAT IS WHERE I KNOW HIM BEST.

CHILDHOOD CANCER IS A RARE DISEASE. MANY ARE SURPRISED TO LEARN THAT CHILDREN CAN DEVELOP CANCER. IT NONETHELESS IS THE LEADING CAUSE OF DEATH FROM DISEASE IN AMERICAN CHILDREN. IT CLEARLY THEREFORE IS A MAJOR MEDICAL PROBLEM FOR THE YOUNG, AND THEREFORE FOR THE PEOPLE OF THE UNITED STATES BECAUSE THE FUTURE OF THIS COUNTRY DEPENDS ON ITS YOUTH.

MAJOR STRIDES HAVE BEEN MADE IN THE CURE OF THE SEVERAL KINDS OF MALIGNANT DISEASES THAT AFFLICT CHILDREN. A FEW DECADES AGO, VIRTUALLY EVERY CHILD WITH LEUKEMIA WAS DEAD WITHIN 12 MONTHS: NOW, MORE THAN 50% SURVIVE FOR FIVE OR MORE YEARS, AND MANY CAN BE CONSIDERED TO BE CURED. INDEED, MORE THAN 60% OF CHILDREN WITH ALL FORMS OF CANCER SURVIVE THE DISEASE AS A RESULT OF MODERN TREATMENTS. THIS MEANS THAT--BECAUSE OF OUR SUCCESS IN THERAPY--BY 1985 OR 1990, ONE PERSON AGED 20 IN EVERY 1000 IN THE UNITED STATES WILL BE A CURED CANCER PATIENT.

THESE TREATMENTS HAVE THEIR ACUTE AND CHRONIC COMPLICATIONS, HOWEVER. SOME OF THEM ARE OBVIOUS LIKE THE LOSS OF AN ARM OR A LEG; OTHERS ARE MORE SUBTLE AND MAY TAKE YEARS TO DEVELOP. EXAMPLES ARE TREATMENT-ASSOCIATED SECOND CANCERS, WHICH OFTEN TAKE EIGHT OR MORE YEARS BEFORE THEY BECOME MANIFEST. ADDITIONAL EXAMPLES ARE CHRONIC PULMONARY PROBLEMS AND HEART DISEASE OCCASIONED BY SOME OF THE CHEMOTHERAPEUTIC AGENTS WITH OR WITHOUT THE USE OF RADIATION THERAPY. LET ME RETURN TO THE FIGURE QUOTED A MOMENT AGO; THAT IS, THAT ONE IN EVERY 1000 YOUNG MEN AND WOMEN WILL BE A CURED CANCER PATIENT. TO PUT THIS FIGURE IN PERSPECTIVE: IT IS ABOUT THE SAME AS THAT FOR POLIO IN THE DAYS WHEN THAT DISEASE WAS RAMPANT. CLEARLY, POLIO WAS A PUBLIC HEALTH PROBLEM IN ITS ENDEMIC AS WELL AS EPIDEMIC FORM. CANCER TREATMENT HAS CREATED A NEW ENDEMIC CONDITION; NAMELY, THE LATE, DELETERIOUS CONSEQUENCES OF THERAPY THAT CAN BE EXPECTED TO DEVELOP IN SOME CURED CANCER PATIENTS. IT IS THEREFORE OBVIOUS THAT THE LEAST AMOUNT OF TREATMENT NEEDED TO EFFECT A CURE IS THE BEST AMOUNT.

I GIVE YOU THAT BACKGROUND SO THAT YOU WILL UNDERSTAND THE ENORMOUS CONTRIBUTION THAT DR. KOOP HAS MADE OVER THE YEARS TO THE HEALTH AND WELFARE OF CHILDREN WITH CANCER. HE WAS ONE OF THE PIONEERS. HE DID MORE, HOWEVER, THAN TO DEVISE NEW AND INNOVATIVE TECHNIQUES--WHICH HE DID--FOR THE SURGICAL MANAGEMENT OF THESE CHILDREN. RATHER, HE EXTENDED HIS TALENTS TO THE STUDY OF THE DISEASE, AND THE WAY IT EVOLVES IN THESE YOUNG BODIES. ONE OF THE TUMORS THAT ATTRACTED HIS ATTENTION EARLY WAS THE NEUROBLASTOMA. HIS OBSERVATIONS REGARDING THE EXTRAORDINARY CLINICAL EVOLUTION OF THIS TUMOR WAS STUDIED BY ALL THOSE INTERESTED IN THE WELFARE OF CHILDREN, AND THE LESSONS THAT COULD BE LEARNED FROM THESE OBSERVATIONS HAVE BEEN EXTENDED--CERTAINLY BY ME--TO AN UNDERSTANDING OF MANY OTHER MALIGNANT CONDITIONS. HE DEMONSTRATED CLEARLY THAT THERE WAS AN EXTREMELY IMPORTANT TUMOR-HOST INTERACTION. CERTAIN PATTERNS OF THIS TUMOR--WHICH IN GENERAL REMAINS ONE OF THE IMPLACABLE KILLERS OF CHILDREN--ACTUALLY BEHAVED IN A VERY BENIGN WAY. MINIMAL THERAPY--INDEED, NO THERAPY--SUFFICED IN SOME CASES. THUS, THESE CHILDREN WERE SPARED ALL THE ADVERSITIES OF VIGOROUS TREATMENT THAT HAD BEEN USED BEFORE THEN. EVEN MORE IMPORTANT, THESE OBSERVATIONS MADE THE THINKING THERAPIST QUESTION DOGMAS REGARDING THE NEED FOR RADICAL TREATMENT FOR VARIOUS OTHER CHILDHOOD MALIGNANT AND PARA-MALIGNANT CONDITIONS. THIS RIPPLE EFFECT HAS SPREAD ACROSS COUNTLESS THOUSANDS OF CHILDREN, AND WAS DIRECTLY INFLUENTIAL IN THE LAUNCHING OF NATIONAL AND INTERNATIONAL STUDIES OF CHILDHOOD CANCER--STUDIES THAT HAVE ACHIEVED LAND-MARK RESULTS AND A FAME OF THEIR OWN.

HIS INFLUENCE WAS SPREAD NOT ONLY THROUGH HIS PUBLICATIONS, AND

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THROUGH THE MANY SURGEONS HE TRAINED, BUT ALSO BECAUSE OF HIS ORGANIZING ABILITY AND FORESIGHT. DR. KOOP ORGANIZED THE FIRST INTERNATIONAL CONFERENCE ON NEUROBLASTOMA IN 1967, WHERE EXPERTS FROM ALL AROUND THE WORLD WERE INVITED TO PARTICIPATE AND TO SHARE THEIR KNOWLEDGE. HE WAS ONE OF THE FOUNDING MEMBERS OF THE JOURNAL OF PEDIATRIC SURGERY, WHERE THE PROCEEDINGS OF THAT MEETING, AND SEVERAL OTHER OF HIS CONTRIBUTIONS APPEARED AND WERE THUS WIDELY DISSEMINATED THROUGHOUT THE WORLD.

IT CAN BE SEEN THAT IN THIS AREA ALONE, DR. KOOP HAS MADE A CONTRIBUTION TO THE PUBLIC WELFARE--A CONTRIBUTION THAT HAS BEEN MANIFEST OVER MANY DECADES, AND THAT HAS AFFECTED THE LIFE AND WELL-BEING OF LITERALLY THOUSANDS OF PATIENTS AND THEIR FAMILIES.

THIS LATTER ASPECT--THE PSYCHO-SOCIAL-ECONOMIC CORRELATES OF DISEASE--HAS NOT ESCAPED DR. KOOP'S ATTENTION. HE HAS BEEN CONCERNED ABOUT THE QUALITY OF LIFE OF THE SURVIVOR. HE HAS HAD A DIRECT INTEREST IN THE REHABILITATION OF PATIENTS WHO MIGHT SUFFER DEFICITS BECAUSE OF THE TREATMENTS ADMINISTERED--DEFICITS THAT MIGHT BE PSYCHOLOGICAL AS WELL AS SOCIAL OR THOSE THAT CAN BE MEASURED IN BODY FUNCTION. CERTAINLY, THEY HAVE ECONOMIC IMPLICATIONS.

THUS, THE PSYCHO-SOCIO-ECONOMIC ASPECTS OF THE DELIVERY OF MEDICAL CARE HAVE ALSO BEEN AMONG HIS CONCERNS. HE HAS BEEN ONE OF THE MAJOR FORCES IN REDUCING THE STAY OF HOSPITALIZED CHILDREN, HELPING TO INITIATE THE DAY-HOSPITAL CONCEPT SO THAT CHILDREN CAN BE AT HOME WITH THEIR FAMILIES WHERE THEY BELONG, RATHER THAN IN HOSPITALS.

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HIS ORGANIZING ABILITY WITHIN THE CHILDREN'S HOSPITAL AND WITHIN THE LARGER FRAMEWORK OF HIS SPECIALTY ARE MATTERS OF RECORD. THAT HE HAS BEEN A CONSUMMATE TEACHER IS CLEAR FROM THE MANY SURGEONS WHO NOW HAVE THEIR OWN DEPARTMENTS IN COUNTRIES AROUND THE WORLD. MORE THAN THAT, HE EARLY SAW THE NEED FOR A SERVICE WITHIN THE CHILDREN'S HOSPITAL OF PHILADELPHIA THAT WOULD DEAL SPECIFICALLY WITH CANCER IN CHILDHOOD. I WORKED WITH HIM AT THAT TIME IN HELPING TO RECRUIT AN OUTSTANDING PEDIATRIC ONCOLOGIST FOR THIS PURPOSE. HE WILLINGLY AND WITHOUT RESERVATION TURNED OVER THE PRIME RESPONSIBILITY FOR THE ORGANIZATION OF THE SERVICE AND THE MANAGEMENT OF THESE CHILDREN, RESPONSIBILITIES THAT HAD OCCUPIED HIS TIME AND ATTENTION OVER THE YEARS. THE RESULT HAS BEEN ONE OF THE MAJOR SERVICES OF ITS KIND IN THE COUNTRY, ONE OF THE FEW THAT IS RECOGNIZED AS A CHILDREN'S CANCER CENTER. THIS DEMONSTRATES HIS CLEAR VIEW OF WHAT IS NEEDED, HIS ABILITY TO ORGANIZE, AND HIS READINESS TO STEP ASIDE AND ALLOW A NEW PROGRAM TO BE BUILT FOR THE GREATER GOOD OF THE CHILDREN CONCERNED.

I THINK IT IS EVIDENT FROM THESE REMARKS THAT IN DR. KOOP WE HAVE A MAN OF BREADTH WITH SUPERIOR ORGANIZING ABILITIES, AND INTERESTS AND INFLUENCES THAT GO FAR BEYOND THE OPERATING ROOM. HIS SCHOLARLY WORK HAS AFFECTED THE LIVES OF THOUSANDS OF CHILDREN WHO HAVE SINCE BECOME ADULTS AND HENCE THE POPULACE OF OUR COUNTRY. HIS INFLUENCE AND IMPACT ON THE DISEASE THAT KILLS MORE CHILDREN THAN ANY OTHER HAS BEEN ENORMOUS. HIS INTEREST IN CURED CANCER PATIENTS, AND THEIR DIFFICULTIES, DEMONSTRATE THE FAR AND PENETRATING VISION OF THE MEDICAL SCHOLAR WHO LOOKS BEYOND THE IMMEDIATE CLINICAL PROBLEM.

THESE CANCER PATIENTS I HAVE BEEN DISCUSSING, WHO ARE ONLY A FRACTION OF THOSE SEEN BY A BUSY SURGEON SUCH AS DR. KOOP, NONETHELESS ADD UP TO NUMBERS THAT HAVE IMPORTANT IMPLICATIONS REGARDING THE SOCIAL FABRIC.

I HAVE NO DOUBT THAT DR. KOOP WILL ASSUME HIS POST WITH THE SAME ENERGY, ORGANIZING ABILITY, AND DEEP CONCERN FOR THE BROADER ISSUES THAT HE HAS DEMONSTRATED THROUGHOUT HIS MEDICAL CAREER.

The CHAIRMAN. Dr. Downes?

STATEMENT OF JOHN. J. DOWNES, M.D., PROFESSOR OF ANESTHESIA AND PEDIATRICS, UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE, PRESIDENT OF MEDICAL STAFF AND DIRECTOR, DEPARTMENT OF ANESTHESIOLOGY AND CRITICAL CARE, CHILDREN'S HOSPITAL OF PHILADELPHIA

Dr. DOWNES. Thank you, Mr. Chairman.

As I understand our formal presentations are entered into the record, I will just summarize my perceptions of Dr. C. Everett Koop.

I have known Dr. Koop since 1960, when I was a resident at the University of Pennsylvania and Children's Hospital. I joined the staff of Children's hospital in 1963 as an anesthesiologist and have worked closely with Dr. Koop over the ensuing 18 years.

We have collaborated in the care of literally thousands of infants and children, both in the operating room and the intensive care unit.

We have also worked together in our teaching and administrative roles at Children's Hospital and the university and at a national and local level in creating programs for the care of children.

Over these many years of close association I have developed a multifaceted perception of this remarkable man. I consider Dr. Koop to be an individual of extraordinary intelligence and profound concern for human welfare. He is endowed with consummate skill and enormous energy in a wide range of human activities, as we have heard.

Paramount among his strengths I would rank, as a coworker, his ability to identify the core of a problem, to seek counsel, to seek out the best ideas, and then to devise an innovative plan for the solution of the problem. He sets his priorities clearly and then articulates the plan and priorities in a way that gains the confidence of his colleagues and heightens their performance.

Characteristically, Dr. Koop works in a collegial manner, seeking the advice and respecting the knowledge and skills of his coworkers. He can build a team and function as a decisive leader.

I think it important for the role of Surgeon General, that he can function also with great effectiveness on a team that may be led by a colleague—either the President or someone else in high office. He respects the lines of authority, and he understands responsibility.

This style of leadership, I think, has led to the many remarkable achievements we have heard about, and I will not reiterate them here.

What I would like to emphasize is that Dr. Koop was a pioneer in the team approach to the surgical care of children. He realized that modern medicine and the advances of the last half of this century would not be a sole endeavor.

One of his first contributions we have already heard alluded to was pediatric anesthesia. It is difficult for an individual not in the specialties of anesthesia and surgery to understand that unique cooperative relationship that exists, but it does entail that the surgeon trust and hand over a very vital and important part of his role as the patient's doctor to another physician. Dr. Koop willingly did this.

He brought in Marjory van Deming in 1950—at a time when only one other children's hospital in this country had a full-time pediatric anesthesiologist—to help her develop the techniques which laid the foundation for this pediatric subspecialty.

When she left for reasons of health in 1955, he brought Leonard Bachman from the Johns Hopkins Hospital and ordered him to establish not only decent clinical care but a residency program and a research program.

Now this residency and research program represent the largest such program for pediatric anesthesiology and critical care in the world.

Dr. Koop realized very early that pediatric surgery itself, if it were to advance in a tertiary care institution, would have to become subspecialized; and he brought into his department on a full-time basis surgeons in neurosurgery; neurology; orthopedics; ophthalmology; ears, nose, and throat; and other specialties; and shared with them his responsibility for surgical care.

Incidentally, he also trained one of the few women pediatric surgeons in the country—Dr. Louise Schnaffer. She subsequently had a very successful career at Johns Hopkins University, and when an opening occurred at our institution in the late sixties Dr. Koop brought her back to our staff where she is a senior surgeon and an outstanding teacher.

We have heard about Dr. Koop's establishment of a newborn surgical intensive care unit. Again, it is difficult for the layman to understand the type of individual who would set up a unit in which a team of physicians and nurses share responsibility for the care of the patient. This indeed was a pioneering concept in the early sixties.

Part of that team—a very important part which Dr. Koop emphasized—was the role of the nurse as a professional individual with a distinct contribution.

Frankly, Senator Hatch, I am dismayed to learn that certain nursing organizations are opposing Dr. Koop's nomination when he has spoken internationally about the role of the nurse and the need for their professional position to be clear.

In addition, one facet of health care not mentioned thus far is pediatric intensive care—that is, the application of life support and surveillance systems that were used in the newborn to the older infant and child.

Dr. Koop and I struggled together to establish the first pediatric intensive care unit in the United States at Children's Hospital. In 1967 I became its first director, but without Dr. Koop's advice and support I doubt we ever would have succeeded.

This unit has served as a model for units throughout the world, and indeed we have shared in the training of 75 leaders now in the field of pediatric critical care who head units and departments around the world.

We have just heard Dr. D'Angio describe Dr. Koop's formation of a childhood cancer team. Again, it is difficult for the layman to appreciate how much a physician must share in teamwork when the parents have brought the child to Dr. Koop and he in turn shares a major portion of their care with his colleagues.

Another development not yet mentioned but of extraordinary importance is Dr. Koop's pioneering work in total parental nutrition—that is, the use of intravenous infusions to provide all of the nutrients needed so that infants, whose gastrointestinal system which would not work, could be maintained in a state of health until their gastrointestinal system could be fixed.

This contribution ranks with antibiotic therapy, pediatric anesthesia, and intensive care as a major step forward in the past 20 years in the care of infants and children who are critically ill. Worldwide this has benefited thousands and thousands of sick infants and children who otherwise would have died.

Finally, I would like to mention Dr. Koop's collegial performance as a leader and administrator. He has been president of the medical staff on three occasions at our hospital and has always worked within a cooperative framework rather than as a solo leader.

He is a founder of the surgical section of the American Academy of Pediatrics. He is a founder of the American Pediatric Surgical Association. He is a founder of the American Board of Pediatric Surgeons.

Anyone who has founded national-level organizations with professional people knows how much tact, diplomacy, and give and take is involved to set up a national-level committee or board that will certify and approve programs and individuals around the Nation and the world.

Dr. Koop has been remarkable in his ability to achieve such things. He furthermore has served on multiple national and international committees and councils.

His scholarship has been attested to. I would like to just briefly cite a few things about his function as a medical diplomat.

He has served as an organizer, a planner, and an educator to advance the health care of the underprivileged. He has not gone for the moonshot type of medicine and the spectacular performance that might have impressed everybody in an underdeveloped country. He has gone to help the children. He seeks out the problem and works with the people in that country to find a lasting solution.

He has established a close working relationship with the Children's Hospital of Krakow, and this relationship is now funded and administered by the Agency for International Development and Project Hope, and our hospital has had the fortunate opportunity to participate in this work which Dr. Koop started.

He has provided assistance and guidance to medical educators in Japan and is recognized by the Japanese as the father of Japanese pediatric surgery.

I can attest to the high regard with which physicians and health administrators around the world hold Dr. Koop's global contributions. I have traveled myself in most of the lands which Dr. Koop has visited and am constantly amazed and pleased to learn of the respect, esteem, and admiration with which he and his work are regarded.

In summary, I perceive Dr. Koop to be a man of exceptional talent and vision, a man with worldwide experience in promoting the health of children, a man of deep concern for the welfare of this Nation. I believe he will, if confirmed, prove to be one of the outstanding Surgeons General of the United States.

Thank you.

[The prepared statement of Dr. Downes follows:]

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 RUSSELL C. RAPHAELY, M.D.
 ASSOCIATE DIRECTOR

September 28, 1981

Senate Committee on Labor and
 Human Resources, Senator Orin Hatch, Chairman
 U.S. Senate
 Washington, D.C.

K. W. TERRY, LEE, M.D.
 A. MICHAEL BROENNE, M.D.
 EUGENE R. BETTS, M.D.
 ROBERT G. KETTRICK, M.D.
 JOSEPHINE J. TEMPLETON, M.D.
 RODOLFO I. GODINEZ, M.D., Ph.D.
 DAVID B. SWEDLOW, M.D.
 THOMAS P. KEON, M.D.
 MARK S. HEISER, M.D.
 NORIS ELLISON, M.D.
 DAVID R. JONES, M.D.
 ALAN J. SCHWARTZ, M.D.
 GERALD S. LEFEVER, M.D., Ph.D.

Re: C. Everett Koop, M.D.
Nominee for Surgeon General of the United States

I am John J. Downes, M.D., President of the Medical Staff and Director of the Department of Anesthesia and Critical Care, The Children's Hospital of Philadelphia. I am also Professor of Anesthesia and Pediatrics at the University of Pennsylvania.

I have known Dr. Koop since 1960, when I was a resident in anesthesiology at The Children's Hospital and the University of Pennsylvania. I joined the staff of the Department of Anesthesia in June, 1963 and worked closely with Dr. Koop as a professional colleague over the ensuing 18 years. In that time we have collaborated in the care of thousands of infants and children whose problems spanned virtually the entire range of childhood illness and injury. We worked together in the operating room and intensive care units as well as in the classroom and the committee room. In 1967 I became the Director of the Pediatric Intensive Care Unit and in 1972 Director of the Department of Anesthesia and Critical Care; in both of these positions I collaborated with Dr. Koop in attempting to solve problems and build programs at both the local and national level. Over the years, he has also served as friend and advisor to our Department in developing training programs and collaborative research efforts with members of the Department of Surgery. We have worked as colleagues on the Executive Committee of the Medical Staff and on various other committees including those for long range planning from 1965 to 1981. Dr. Koop was one of my closest advisors when I assumed various offices on the medical staff, including the Presidency in 1980. He was especially helpful in assisting me in the numerous diplomatic problems involved in my role as Chairman of the United States Delegation to the International Standards Organization (Technical Committee 121) between 1973 and 1977.

Through these many years of association with Dr. Koop, I have developed a multifaceted perception of the man. I consider him a man of extraordinary intelligence and profound concern for human welfare who is endowed with consummate skill and remarkable energy in a wide range of human activity. Paramount among these virtues, I would rank his ability to identify a problem, seek council, and devise an innovative plan of action with clear priorities. Characteristically, Dr. Koop works with colleagues whose confidence he quickly gains, and in these collaborative undertakings he stimulates others to a heightened performance and unusual commitment. His decisions and plans in the management of patients prove to be right on nearly all occasions. When the desired results are not being achieved, either in a patient or in an administrative task, he will regroup the team and with the collegial participation produce a more effective plan. This style of leadership has led to many remarkable achievements in the care of patients, and in the establishment of programs at The Children's Hospital of Philadelphia and throughout the world.

Not only have I found Dr. Koop to be a man of unusual talent in seeking solutions to problems, but also a person of remarkable consistency of interest and action spanning more than 40 years of professional life. He is a scholar who seeks to determine the underlying causes of disorders in patients as well as in social problems that relate to health, and to disseminate important information to the widest possible audience who will find it of use. He is a pioneer in the education of surgeons in the care of children, and in the development of the specialty of Pediatric Surgery in the United States and abroad. I continue to be amazed at his personal efficiency and organizational skills, and his endurance and tenacity in carrying out his professional life goals.

I wish to cite some specifics in support of my statements. In clinical medicine Dr. Koop was a pioneer in developing the collaborative "team" approach in patient management in which the anesthesiologist, pediatrician, surgical subspecialist, and nurse play unique and crucial roles. In 1949, Dr. Koop brought Marjory van Deming to the Children's Hospital as its first full time Pediatric Anesthesiologist. He collaborated with her in developing techniques which overcame many of the difficulties associated with anesthesia, especially in the infant, and thus enabled pediatric surgeons to undertake more extensive and effective procedures. Dr. Deming left in 1955 for reasons of health and Dr. Koop brought Dr. Leonard Bachman to Children's Hospital from Johns Hopkins Hospital to continue the development of pediatric anesthesia and to establish a research and training program. Today, this program has become the largest center for the training of specialists in Pediatric Anesthesia and Critical Care in the world, and over the past 25 years has educated numerous leaders in pediatric anesthesia who have returned to Europe, Japan, India, Australia, Mexico, Canada, and the United States. Thus, Dr. Koop can be looked upon as one of the major forces in the development of pediatric anesthesiology and critical care which has benefited millions of children around the world. Furthermore, Dr. Koop built the first multispecialty pediatric surgical department in the United States which

provides the entire range of pediatric subspecialty surgical disciplines. Again, Dr. Koop realized early in his career the need for collaborative efforts in modern medical care.

Dr. Koop's early interest in cancer, shock, and nutrition are evidenced in publications that date from 1942. These interests have persisted for nearly 40 years, and he has publications in 1980-1981 relating to these clinical areas. Dr. Koop established one of the first pediatric tumor registries in the United States and participated in numerous clinical research protocols for the therapy of various forms of cancer from the early 1950's up to the present. The development of total parenteral nutrition (provision of all nutrition through a vein for long periods of time) was first applied to infants and children in Dr. Koop's Department in the 1960's and subsequently was developed into a safe technique with wide applicability. This type of supportive care ranks with antibiotic therapy and pediatric anesthesia as one of the most significant contributions to the care of critically ill children in this century. As reflected in Dr. Koop's bibliography, he has been a pioneer in the diagnosis and successful repair of numerous congenital defects of the newborn, with publications dating from 1946 up to the present.

I view Dr. Koop's most important contribution, however, to be the establishment of the first newborn surgical intensive care unit in the world in 1962. He sought and obtained funds from the Commonwealth of Pennsylvania at a time when welfare programs and health insurance providers (including Blue Cross) did not provide for extensive coverage of infants with congenital anomalies. In this unit, a team approach involving anesthesiologists (for intensive respiratory care), pediatricians, nurses, and allied health personnel was developed. This unit served as a model for the professional staffing and the surveillance and life-support equipment needed for the care of critically ill newborn, and was quickly emulated throughout the United States and abroad.

In 1967, Dr. Koop provided the essential support and encouragement which led to the establishment of the first pediatric intensive care unit (for the care of critically ill children over one month of age) in the United States, and the second in the world. This multidisciplinary unit cared for both medical and surgical patients. At the time the majority of these patients were surgical, yet Dr. Koop recognized the special interests and skills of pediatric anesthesiologists in this newly developing field, and strongly supported the concept that direction of such a unit be under the Department of Anesthesia; at the time this was a unique step for a surgeon to take, and this precedent was a major factor in the future development of multidisciplinary pediatric intensive care units throughout the nation and the world. Dr. Koop also supported the development of a pediatric intensive care training program at Children's Hospital with input from anesthesiology, pediatrics, and surgery. This program has flourished and is today the largest such training program in the world; over 75 physicians have been trained

in the subspecialty of Pediatric Critical Care Medicine during the past 14 years at our hospital and provide leadership in the United States and Canada as well as Europe, Japan, and Australia. Thus, through his pioneering efforts and continuing support, the critically ill infants and children in the United States and throughout the world have benefited. Survival rates for virtually all of the newborn congenital anomalies amenable to surgery have increased dramatically, and this in turn has contributed to the overall survival of newborns throughout the United States and other developed countries. Similar improvements in the survival rates of older infants and children with life threatening disorders are also being achieved.

Dr. Koop's administrative skills can be attested to by his election to the Presidency of the Medical Staff at The Children's Hospital of Philadelphia from 1957 to 1963, and again from 1973-1974 (a crucial time in the Hospital's history when we moved to a much larger hospital and pediatric medical center). In the planning for the new hospital, Dr. Koop was a key person in the collaboration between physicians, architects, and hospital administrators. His ideas and his support for the creative ideas of his colleagues led to the development of one of the best equipped and designed pediatric health facilities in the world.

Dr. Koop's participation in national and international societies has led to the recognition of pediatric surgery as a major component in the health care of children. He was a founding member of the Surgical Section of the American Academy of Pediatrics, the major professional organization of child health specialists in the nation. He was a founder and subsequently President (1971-1972) of the American Society for Pediatric Surgery. He led the struggle, against opposition from many quarters, for the formation of the American Board of Pediatric Surgery to standardize the education, evaluation, and certification of surgeons specializing in the care of children. He currently serves on the Commission on Cancer of the American College of Surgeons, a major voice in the development of national policies regarding cancer.

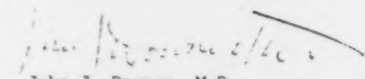
Dr. Koop's role as a scholar is attested to by the more than 170 articles and chapters that cover the entire range of pediatric surgical interests. He was the founder and the first editor of the Journal of Pediatric Surgery, the original journal in this subspecialty in any language. He has served on the Editorial Board of a number of journals and has been a frequent reviewer of articles for journals in other fields.

One of Dr. Koop's most outstanding roles has been that of a medical diplomat. His interest in world health, especially that of children, is documented in his curriculum vitae and extends around the world, including Mexico, the Caribbean, Africa, Asia, and Europe. I can attest to the respect and esteem with which he is held for his medical accomplishments and his humanitarian interests around the world through my encounters with physicians in many countries and through the hundreds of foreign visitors to our hospital. Dr. Koop was a principle founder of the

Children's Hospital in Krakow, Poland, and has been a frequent visitor and consultant to that institution. Collaboration between our hospital and that in Krakow has continued through the efforts of Project Hope and the Agency for International Development, most recently in a joint program to achieve safe and effective pediatric cardiac surgery and intensive care. For many years, Dr. Koop also has been a supporter and leader in the Medical Assistance Program (MAP), a voluntary, non-sectarian fund which provides medical supplies and equipment to needy institutions throughout the world.

I would be remiss not to mention my admiration for yet another facet of Dr. Koop's personal and professional life, i.e., his understanding of the psychological, emotional, and philosophical aspects of death and dying as they relate to children and their families. He has been my model and ideal of the physician who can and does form a warm and supportive relationship based on mutual trust with parents and children. In that function he has few peers.

In summary, I believe that Dr. C. Everett Koop has the intelligence, skills, and ability as a leader and diplomat, combined with deep concern for the welfare of his fellow man, to be an outstanding Surgeon General of the United States.



John J. Downes, M.D.

President of the Medical Staff
Anesthesiologist-in-Chief and Director,
Department of Anesthesia and Critical Care
The Children's Hospital of Philadelphia,
and
Professor of Anesthesia and Pediatrics
University of Pennsylvania School of Medicine

JJD:cp

The CHAIRMAN. Thank you.
Mr. Wood?

**STATEMENT OF RICHARD D. WOOD, CHAIRMAN, BOARD OF
MANAGERS, CHILDREN'S HOSPITAL OF PHILADELPHIA**

Mr. WOOD. Senator, I understand that my statement is going to be entered in the record. Is that correct?

The CHAIRMAN. Yes. We will put all of your remarks in the record as though read, without objection.

Mr. WOOD. In that case I will just read excerpts from my statement, if that is all right with you.

The CHAIRMAN. That will be wonderful. It will leave a little more time for questions.

Mr. WOOD. My name is Richard D. Wood. I am chairman of the board of managers at Children's Hospital and have been on that board since 1950. Therefore in a certain way Dr. Koop has worked for me for 31 years, because after scrutinizing the performance and qualifications of members of our staff, can reconfirm or not reconfirm yearly.

The thing I think might be of most interest here is that I have served and am still involved in the Planned Parenthood Association for 30 years. The philosophy Planned Parenthood espouses, my 30-year association with Dr. Koop, and my work at Children's Hospital all prompt my appearance here.

Then I go on to talk about details of the hospital.

I have known Dr. Koop intimately for more than three decades. I said I am a member and supporter of Planned Parenthood, and you know the philosophy of that organization.

I am opposed to Dr. Koop's stance on abortion and his thinking on that subject. However, I can state honestly that Dr. C. Everett Koop has never imposed his ideology on me, my associates, or his at the hospital. In my opinion this well illustrates his ability to be objective and place personal feeling aside in connection with his professional responsibilities.

Our relationship goes far beyond that of a president or chairman who meets a surgeon only occasionally. Despite these differences we have become good friends—something that occurred years ago when Dr. Koop was made president of the medical staff.

His thoroughly approachable attitude, his farsightedness, and his ability to get along well with his colleagues all made the Children's Hospital Board of Managers call upon him to play a major role in development of our present facility, which he has occupied since 1974.

I might add that at no time did Dr. Koop ever mix his personal beliefs with the work to be accomplished. He has broad vision. His use of demographics and his knowledge of the health care programs and facilities in the land, particularly in Pennsylvania, New Jersey, and Delaware aided the Children's Hospital board in planning our present building effectively.

He approaches programs globally; he always has. Dr. Koop's thinking led to the establishment of the first newborn surgical intensive care unit in this country, as Dr. Downes said. He turned around the statistics on mortality in this unit.

Dr. Koop's nomination to be president of the Children's Hospital is endorsed by the medical staff, but the board of managers felt that a voluntary, not-for-profit institution ought to be headed by a nonmedical person, and for that reason Dr. Koop did not become president. Neither did any other physician.

I tell you this to illustrate once more that despite his own feelings Dr. Koop has been so objective in his work over the years that his colleagues on the medical staff, both surgical and nonsurgical alike, approve his nomination.

That concludes my statement and the remarks taken from it, Mr. Chairman.

[The prepared statement of Mr. Wood follows:]

NOMINATION OF C. EVERETT KOOP TO BE SURGEON GENERAL OF
THE UNITED STATES

STATEMENT BY RICHARD D. WOOD

THURSDAY, OCTOBER 1, 1981

MY NAME IS RICHARD DAVIS WOOD. AT THE PRESENT TIME I AM CHAIRMAN OF THE BOARD OF MANAGERS OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA. PRIOR TO BECOMING CHAIRMAN IN 1972, I WAS PRESIDENT OF THE HOSPITAL. MY POSITION IN THAT CAPACITY BEGAN IN 1955. HOWEVER, I WAS A DIRECTOR, OR MANAGER, AS WE SAY IN PHILADELPHIA, OF THAT INSTITUTION STARTING IN 1950.

I HAVE SERVED AS WELL AS IMMEDIATE CHAIRMAN OF THE BOARD AND PRESIDENT OF WAWA, INCORPORATED, OF WAWA, PENNSYLVANIA, A CONGLOMERATE CONSISTING OF A LARGE CONVENIENCE STORE CHAIN AND DAIRY HAVING A REAL ESTATE SUBSIDIARY. I WAS PRESIDENT OF THE NATIONAL ASSOCIATION OF FINISHERS AND TEXTILES SOME YEARS AGO, AS WELL VICE I AM/PRESIDENT OF THE ST. ANTHONY EDUCATIONAL FOUNDATION OF NEW YORK AND WAS PRESIDENT AND CHAIRMAN OF THE DELAWARE COUNTY BICENTENNIAL COMMISSION. ALSO, I AM A FOUNDER AND DIRECTOR OF THE UNIVERSITY CITY SCIENCE CENTER, A CONSORTIUM OF TWENTY-EIGHT PHILADELPHIA UNIVERSITIES, COLLEGES AND HEALTH INSTITUTIONS THAT SERVES AS A FOCAL POINT TO DEVELOP PLANS, PROGRAMS AND RESEARCH FOR MULTI-INSTITUTIONAL PROGRAMS. I WAS ON THE GOVERNOR'S ADVISORY COMMITTEE FOR GENERAL AND SPECIAL HOSPITALS IN HARRISBURG, PENNSYLVANIA AND AM PRESENTLY ON THE BOARD OF THE DELAWARE VALLEY HOSPITAL COUNCIL. I HAVE SERVED AND STILL AM INVOLVED IN THE PLANNED PARENTHOOD ASSOCIATION FOR 30 YEARS.

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THE PHILOSOPHY PLANNED PARENTHOOD ESPOUSES, MY THIRTY YEAR ASSOCIATION WITH DR. C. EVERETT KOOP AND MY WORK AT THE CHILDREN'S HOSPITAL OF PHILADELPHIA ALL PROMPT MY APPEARANCE HERE.

THE CHILDREN'S HOSPITAL OF PHILADELPHIA, OLDEST IN THE NATION FOR SICK CHILDREN, IS A VOLUNTARY, NON-FOR-PROFIT REGIONAL REFERRAL PEDIATRIC MEDICAL CENTER. WE ADMITTED LAST YEAR MORE THAN 10,000 CHILDREN. OF THIS NUMBER, ALMOST SIX THOUSAND WERE BROUGHT IN FOR SURGERY. THIS FACT ALONE CAN BE CREDITED TO DR. KOOP BECAUSE HE HAS GATHERED IN ONE PLACE THE MOST COMPREHENSIVE GROUP OF SURGICAL SPECIALISTS IN THE COUNTRY. IN ADDITION, 3,000 CHILDREN UNDERWENT ONE DAY SURGERY PROCEDURES.

I HAVE KNOWN DR. KOOP INTIMATELY FOR MORE THAN THREE DECADES. I SAID THAT I AM A MEMBER AND SUPPORTER OF PLANNED PARENTHOOD. YOU KNOW THE PHILOSOPHY OF THAT ORGANIZATION. I AM OPPOSED TO DR. KOOP'S STANCE ON ABORTION AND HIS THINKING ON THAT SUBJECT. HOWEVER, I CAN STATE HONESTLY THAT DR. C. EVERETT KOOP HAS NEVER IMPOSED HIS IDEOLOGY ON ME OR MY ASSOCIATES AT THE HOSPITAL. IN MY OPINION THIS WELL ILLUSTRATES HIS ABILITY TO BE OBJECTIVE AND TO PLACE PERSONAL FEELINGS ASIDE IN CONNECTION WITH HIS PROFESSIONAL RESPONSIBILITIES. OUR RELATIONSHIP GOES FAR BEYOND THAT OF A PRESIDENT OR CHAIRMAN WHO MEETS A SURGEON ONLY OCCASIONALLY. DESPITE THESE DIFFERENCES WE HAVE BECOME GOOD FRIENDS, SOMETHING THAT OCCURRED YEARS AGO WHEN DR. KOOP WAS PRESIDENT OF THE MEDICAL STAFF.

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HIS THOROUGHLY APPROACHABLE ATTITUDE, HIS FAR-SIGHTEDNESS, HIS ABILITY TO GET ALONG WELL WITH HIS COLLEAGUES--ALL MADE THE CHILDREN'S HOSPITAL BOARD OF MANAGERS CALL UPON HIM TO PLAY A MAJOR ROLE IN THE DEVELOPMENT OF OUR PRESENT FACILITY WHICH WE HAVE OCCUPIED SINCE 1974. I MIGHT ADD THAT AT NO TIME DID DR. KOOP EVER MIX HIS PERSONAL BELIEFS WITH THE WORK TO BE ACCOMPLISHED. DR. KOOP HAS BROAD VISION. HIS USE OF DEMOGRAPHICS, HIS KNOWLEDGE OF THE HEALTH CARE PROGRAMS AND FACILITIES IN THE LAND, PARTICULARLY IN PENNSYLVANIA, NEW JERSEY AND DELAWARE AIDED THE CHILDREN'S HOSPITAL BOARD IN PLANNING OUR PRESENT BUILDING EFFECTIVELY WHEN WE BEGAN ABOUT TWENTY YEARS AGO. SEVERAL YEARS LATER WHEN WE WERE ACTUALLY CONSTRUCTING THE HOSPITAL THE BOARD OF MANAGERS REQUESTED THAT THE MEDICAL STAFF ORGANIZE A COMMITTEE TO EXPLORE THE FUTURE OF PEDIATRIC CARE IN THE 70's, 80's AND EVEN BEYOND. SEVERAL WROTE PAPERS ON THE SUBJECT. NONE CAME AS CLOSE AS DR. KOOP'S DID IN PREDICTING THE DIRECTION OF PEDIATRIC HEALTH CARE. HE FORSAW THE ESTABLISHMENT OF TERTIARY CARE CENTERS FOR CRITICAL CARE; HE DESCRIBED REGIONALIZATION AS WE KNOW IT TODAY.

HE APPROACHES PROBLEMS GLOBALLY. HE ALWAYS HAS. DR. KOOP'S THINKING LED TO THE ESTABLISHMENT OF THE FIRST NEWBORN SURGICAL INTENSIVE CARE UNIT IN THIS COUNTRY. HE PRESENTED HIS THINKING WELL ENOUGH TO PERSUADE THE UNITED STATES GOVERNMENT FUND IT IN THESE EARLY DAYS. DR. KOOP WAS THEN ABLE TO TURN THE SURVIVAL STATISTICS COMPLETELY AROUND AND TRAINED OTHERS TO DO SO, AS WELL. THERE ARE SIMILAR UNITS IN AT LEAST HALF THE HOSPITALS IN THE UNITED STATES. IT IS DR. KOOP'S ABILITY TO ANALYZE A PROBLEM, THINK OF A SOLUTION, ACT UPON

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IT AND ADMINISTER WELL THAT CAUSES ME TO SPEAK ON HIS BEHALF. MANY OF THE SURGICAL CHIEFS RECRUITED BY DR. KOOP DIFFER WITH HIM ON SOME ISSUES AS I DO. HOWEVER, DR. KOOP HAS NEVER LET HIS PERSONAL FEELINGS INTERFERE WITH THE ACQUISITION OF THE MOST QUALIFIED AND EXPERIENCED SURGEON HE COULD FIND FOR A PARTICULAR SUBSPECIALTY. AND, EACH OF THE SURGEONS HE HAS BROUGHT ON BOARD IN TURN HAS BEEN ABLE TO BRING IMPROVEMENT TO PEDIATRIC HEALTH. ABOUT THREE YEARS AGO WHEN THE CHILDREN'S HOSPITAL WAS SEEKING A NEW PRESIDENT, AND CHIEF EXECUTIVE OFFICER, OUR PHYSICIAN-IN-CHIEF PROPOSED DR. KOOP FOR THAT POSITION. ACCORDING TO HIS LETTER, DR. KOOP'S NOMINATION WAS HEARTILY ENDORSED BY THE MEDICAL STAFF ALTHOUGH MANY DIFFERED WITH DR. KOOP ON HIS ANTI-ABORTION BELIEFS. THE BOARD OF MANAGERS FELT THAT A VOLUNTARY, NOT-FOR-PROFIT INSTITUTION OUGHT TO BE HEADED BY A NON-MEDICAL PERSON AND FOR THAT REASON DR. KOOP DID NOT BECOME PRESIDENT. NEITHER DID ANY OTHER PHYSICIAN. I TELL YOU THIS TO ILLUSTRATE ONCE MORE THAT DESPITE HIS OWN FEELINGS, DR. KOOP HAD BEEN SO OBJECTIVE IN HIS WORK OVER THE YEARS THAT HIS COLLEAGUES ON THE MEDICAL STAFF BOTH SURGICAL AND NON-SURGICAL ALIKE, APPROVED HIS NOMINATION. ALSO, I BELIEVE THAT THIS NOMINATION IS INDICATIVE OF THE RESPECT WE ALL HAVE FOR DR. KOOP AS AN ABLE AND BROAD-GAUGE ADMINISTRATOR. IF I HAD TO ASSESS DR. KOOP'S QUALIFICATIONS FOR SURGEON GENERAL OF THE UNITED STATES, I WOULD CITE HIS VERY REAL EXPERIENCE IN THE PUBLIC HEALTH SECTOR THROUGHOUT THE WORLD, HIS TOTAL DEDICATION TO EXCELLENCE IN HEALTH CARE BOTH IN THE THERAPEUTIC AND PREVENTIVE AREAS, HIS ABILITY TO GET ALONG EXTRAORDINARILY WELL WITH PEOPLE

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OF EVERY TYPE, HIS APPRECIATION OF THE PUBLIC'S NEEDS, AND THE ROLE THE PRIVATE SECTOR MUST PLAY IN HEALTH CARE AND HIS OBVIOUS DETERMINATION OVER THE YEARS TO KEEP HIS PERSONAL CONVICTIONS FROM INFLUENCING HIS PROFESSIONAL DECISIONS AND ACTIVITIES. THE COUNTRY IS FORTUNATE TO HAVE A MAN OF DR. C. EVERETT KOOP'S CALIBRE AVAILABLE FOR THE POSITION OF SURGEON GENERAL.

THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU. I WILL BE PLEASED TO ANSWER QUESTIONS.

bjh

ANECDOTES REGARDING C. E. KOOP

I. AN EXAMPLE OF THE REGARD IN WHICH HE IS HELD AROUND THE WORLD:

HE TRAINED AND HELPED OTHERS HERE AND ABROAD, RESULTING IN SAVING THOUSANDS OF LIVES AND IMPROVING THE HEALTH OF CHILDREN EVERYWHERE. IN APRIL WHEN MORE THAN 400 PEOPLE GATHERED TO HONOR DR. KOOP, THERE WERE SURGEONS PRESENT FROM ENGLAND, FRANCE, SWITZERLAND, KOREA, JAPAN--MANY COUNTRIES. A JAPANESE SURGEON TOLD ME THAT IN HIS LAND DR. KOOP IS KNOWN AS THE "FATHER OF JAPANESE PEDIATRIC SURGERY," A TRIBUTE NOT ONLY TO DR. KOOP'S CONCERN FOR THE HEALTH IN THE BROAD SENSE, BUT IN HIS ABILITY TO ORGANIZE AND REACH OBJECTIVES.

II. A WORD TO DESCRIBE DR. KOOP:

LET ME TELL YOU A FEW THINGS ABOUT DR. KOOP. SOMEONE ASKED ME ONCE TO CHARACTERIZE HIM IN ONE WORD, AND THE WORD TENACIOUS CAME TO MIND. AFTER ALL, HERE IS A MAN WHO CAME TO CHILDREN'S HOSPITAL WHEN PEDIATRIC SURGERY WAS NOT EVEN A SPECIALTY AND HE PROCEEDED TO DEVELOP IT NOT ONLY AT OUR INSTITUTION, BUT ALL OVER THE WORLD.

THERE IS A FAIRLY WELL-KNOWN STORY ABOUT DR. KOOP. IT IS NOT APOCRYPHAL, ALTHOUGH IT DOES GO BACK QUITE A FEW YEARS. WHEN HE WAS AN INTERN AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA HE WAS FELLED BY A MINOR ILLNESS AND WAS HOSPITALIZED WHEN PEARL HARBOR WAS ATTACKED. CHICK KOOP KNEW ALREADY THAT HE WANTED TO BE A SURGEON; HE HAD KNOWN IT SINCE HE WAS TWELVE YEARS

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OLD. HE LEARNED QUITE BY ACCIDENT THAT THE CHIEF OF SURGERY WAS LEAVING THE VERY NEXT DAY FOR PEARL HARBOR AND FEARING THAT THIS MIGHT CAUSE A DELAY IN HIS BECOMING A SURGEON, DR. KOOP LEFT HIS HOSPITAL BED TO SEEK OUT THE BUSY CHIEF OF SURGERY. WHEN THREE ATTEMPTS FAILED TO SECURE HIM AN APPOINTMENT, DR. KOOP PARKED HIMSELF ON THE RUNNING BOARD OF THE FAMOUS DR. I. S. RAVDIN'S CAR. DURING THE ENSUING DRIVE TO THE AIRPORT, DR. KOOP LEARNED THAT HE WAS INDEED TO BE NAMED FELLOW IN SURGERY AND SURGICAL RESEARCH AT THE UNIVERSITY OF PENNSYLVANIA. AND, IT WAS ON HIS RETURN IN 1945 THAT DR. RAVDIN URGED DR. KOOP TO ACCEPT THE POSITION OF SURGEON-IN-CHIEF AT THE CHILDREN'S HOSPITAL. WE ARE GLAD THAT HE DID.

The CHAIRMAN. Thank you so much.

Let me just ask each of you this one question: Many physicians concentrate their entire energies on direct delivery of patient care, and each of you has spoken of Dr. Koop's involvement in other activities directed at the planning and development of health care systems and meeting other community, national, and international health needs.

Do you believe that Dr. Koop's efforts in these areas constitute public health experience, and would you characterize the extent of Dr. Koop's involvement in these public health areas to be usual or unusual for a practicing physician?

Dr. D'Angio?

Dr. D'ANGIO. I consider them to be extraordinary. I know of no other practicing physician who has extended himself so far around the world and in these areas.

Very briefly, I think if an interest in and a demonstrated involvement in the health of the public is any measure, he has had extraordinary public health experience.

The CHAIRMAN. Dr. Downes?

Dr. DOWNES. I would concur. I also would like to emphasize that in the evolution of the concept of care in Dr. Koop's mind it would be directed at several levels—the patient at hand, the group of patients we were dealing with at Children's Hospital, but almost immediately he would begin to think beyond that: What impact would this technique have on the care of children in the United States and around the world.

He has always thought globally, as has been mentioned. If the essence of public health is improvement of the health of the citizens of the country, I think Dr. Koop's habits of thought over a 40-year career equip him well to serve as a leader in that field.

The CHAIRMAN. Thank you.

Mr. Wood?

Mr. WOOD. As a layman I do not feel as well qualified as my two associates here to answer the question, but I am continually amazed in talking to him and reading of him of his worldwide connections, which deal largely with public health—many of them—in underdeveloped countries. That is all I can say, Senator.

The CHAIRMAN. Thank you. We appreciate your testimony today, and we are delighted to have received it in this record.

Our next witnesses will be Mr. R. Jack Powell, executive director of Paralyzed Veterans of America; Mrs. Sandra Swift Parrino, board of directors, Rehabilitation International, U.S.A.; and we have Justin Dart, Jr., who will be on videotape. He is the chairperson of the Texas Governor's Committee on Employment of the Handicapped.

I announced Mr. Jack Powell, but it is Mr. DeGeorge, the national advocacy director, who is here for the Paralyzed Veterans of America.

Mr. DeGeorge, we are happy to welcome you here. If we could start with you, then we will go to Mrs. Parrino, and then to Justin Dart.

**STATEMENT OF FRANK R. DeGEORGE, NATIONAL ADVOCACY
DIRECTOR, PARALYZED VETERANS OF AMERICA**

Mr. DeGEORGE. Thank you, Mr. Chairman.

Mr. Jack Powell, our executive director of the Paralyzed Veterans of America, extends his best wishes to you and apologies for not being here today.

The CHAIRMAN. Thank you. We understand.

If you could summarize, it would be very helpful.

Mr. DeGEORGE. I will do my best, Senator.

The CHAIRMAN. Thank you so much.

Mr. DeGEORGE. Just briefly, I would like to explain that the Paralyzed Veterans of America is a congressionally chartered veterans organization and that it represents 11,000 members who have spinal cord injuries and/or dysfunction of the spinal cord.

Besides representing veterans, Paralyzed Veterans of America contributes directly to neurological and health care research projects. In 1981 the PVA spent over \$400,000 in these areas. Additionally in 1980 the PVA and Stanford University jointly established the Nation's first chair of spinal cord injury medicine, and plans are underway to create similar medical educational programs elsewhere.

Mr. Chairman, because of our deep concern for and involvement with the health care needs of our members and all disabled citizens we support the appointment of Dr. Koop as Surgeon General of the United States. We believe Dr. Koop is eminently qualified to serve in this position.

It is not necessary to reiterate his professional qualifications, the awards, and honors that mark Dr. Koop's long and distinguished medical career. However, we must point out that Dr. Koop's professional life has been characterized by compassion and concern for disabled individuals.

The Paralyzed Veterans of America has long sought a national policy that addresses the needs of disabled citizens. Included in such a policy must be a program which recognizes the significant health care requirements of disabled persons if they are to achieve maximum independence.

Dr. Koop, by his statements and actions, has clearly indicated an awareness of those needs and has demonstrated his dedication to securing a coordinated, comprehensive policy which will provide disabled citizens the opportunity to gain independence free from an institutional environment.

In addition, Dr. Koop has expressed strong support for a program of centers for independent living, and these centers are a significant part of any comprehensive policy for providing maximum independence for severely disabled individuals.

Additionally, Dr. Koop has indicated a willingness to insure the participation of disabled citizens in planning and policy decisions which will affect programs and health care services provided for their benefit.

The Surgeon General has an important part in all Federal health care activities, both in his direct actions and his advisory capacity. Dr. Koop has indicated his desire to foster increased coordination of health care efforts in planning between the health, Public Health Service, and various departments and agencies of

the Government, including addressing the problems and the needs of America's disabled and aging citizens.

Finally, I must address the relationship between the Surgeon General and the Veterans' Administration regarding health care for the Nation's severely and catastrophically handicapped and all of the 30 million veterans.

The Surgeon General has no statutory authority over veterans' health care programs. However, in his advisory capacity as chief medical officer of the United States he can have significant effect on the quality and quantity of health care which is to be available to veterans through the Veterans' Administration's Department of Medicine and Surgery.

Again, PVA has historically supported a strong, viable, and independent VA health care system. We have received assurances from Dr. Koop that he likewise supports the continued maintenance of the Veterans Administration's Department of Medicine and Surgery as an independent health care system for all veterans.

Dr. Koop has expressed his understanding of the unique health problems of veterans and his desire to prevent the erosion of any existing veterans' health care programs.

Our support of the nomination of Dr. C. Everett Koop as Surgeon General of the United States is based on Dr. Koop's distinguished medical care, understanding, and concern for disabled citizens along with his commitment to an independent VA health care system.

That, Mr. Chairman, concludes our presentation for the Paralyzed Veterans.

The CHAIRMAN. Thank you so much.

Mrs. Parrino?

STATEMENT OF SANDRA SWIFT-PARRINO, BOARD OF DIRECTORS, REHABILITATION INTERNATIONAL, U.S.A.

Ms. SWIFT-PARRINO. Senator Hatch and members of the committee, I am pleased to appear before this committee supporting the nomination of Dr. C. Everett Koop as Surgeon General of the United States.

My name is Sandra Swift-Parrino. I am from Connecticut, and I presently reside in Briarcliff Manor, N.Y. I am appearing before you as the mother of a severely physically disabled young man and as a concerned citizen.

I have come to realize that the Surgeon General can have a direct impact on my son's life, probably more than any other physician. The Surgeon General has the responsibility to report and track the trends of America's health.

However, in the past, problems of people like my son have been overlooked. The health care needs of the disabled, as they relate to information dissemination on chronic disease management, have been seriously neglected.

It is important for you to understand my reasons for supporting Dr. Koop for the position of Surgeon General.

As the parent of a severely disabled person I have great concern for my son's future and the future of those persons who have diseases that must be managed medically.

There has been no Surgeon General to my knowledge who has advocated for disabled people and whose professional experience gives insight into the problems of the aging disabled.

My son Paul became severely disabled at 14 months. From the moment my husband and I were told that our first-born would be permanently disabled, our lives, our hopes for the future, and our plans were totally altered.

Physicians told us that our son might have to be institutionalized. The reasons varied—total physical and mental disability, possibly an infectious disease, or even a progressive degenerative disease. They offered us no diagnosis.

Today Paul is at home and in a wheelchair. He is the victim of a disease that has yet to be diagnosed after 14 years of medical testing. He cannot go to the bathroom or feed himself. In spite of this, he has a keen mind and takes a vital interest in life. He goes to a public high school where he maintains a B average even though he cannot even hold a pencil.

Recently I read in a Midwestern newspaper that one in every seven Americans has a medical condition which severely limits his or her activity.

In the past, one thought of a disabled child as a rarity. Although Paul is the only child in his public school in a wheelchair he is not the only one who is disabled.

The unfortunate truth is that many other children have not been integrated into the public school system. It was reported this fall by the New York Times that 12,684 disabled children had to be placed on a waiting list in order to enter New York City's public schools because there were not enough teachers or schools to accommodate the children. This was 1 week before school opened.

It is clear that disability prevalence rates have increased. As the rates of functional disability are increasing and as the rates of medical conditions resulting in disability are also increasing, who then is looking after the health care needs of all these people? The Surgeon General of the United States should be.

Frankly, I want someone as Surgeon General who has the professional background, interest, insight, and drive to look to the future health care needs of all American citizens including the disabled. This is why I am supporting Dr. Koop for the nomination of Surgeon General.

Senator, children who are disabled and denied access to services are second-class citizens in the country of their birth. For how long will we continue to abuse them? Barriers to human potential are destructive and humiliating, whether they are architectural or attitudinal.

My son is part of a large and forgotten minority. To his family and friends he is a person, a human being, with dreams, talents, and rights. What is he to the Nation, and where is his future?

My family came to this country in 1631. It is a family which prides itself on self-accomplishment. My ancestors fought and worked to secure the basic human rights that Americans have come to take for granted—those same rights that are now being denied my own son.

My family finds itself in the unaccustomed position of being a beggar, begging for the very rights that my ancestors fought to

insure him. I resent having to justify my son's rights as if those rights were a privilege.

Everyone reaches a point in his or her life when he needs help. Removing architectural barriers is not something that one person or one family can do alone. Many of the devastating situations we have experienced could have been mitigated had there been parent groups or understanding professionals sharing information on how to fight for our son.

The emotional, physical, and financial strain that a family with a disabled child endures is incalculable. It is no wonder so many families break under the pressure.

Please do not misunderstand me. My family is willing to carry its share, to work to pay for the enormous expenses, to volunteer to help other disabled, so as to bring about changes. My husband and I are on many boards as volunteers, and I serve as the volunteer director of an office for the disabled in New York State.

However, contrary to current beliefs, we cannot do it alone. The disabled and parents of the disabled need leadership, guidance, but above all we need commitment, and someone who is involved in public policy that believes our fight is worth fighting.

When we are isolated in our local communities we need to know someone is working for our interests. That gives us hope. We need hope more than ever that section 504 of the Rehabilitation Act of 1973, as amended, will not be gutted; hope that the Government programs will reach those for whom they were intended; hope that the horrible regulatory morass is made more flexible; and hope that someone is concerned about the health care needs of a disabled person as he or she ages.

Although there are historical reasons why programs for the disabled are fragmented, chaos reigns for the disabled person in acquiring comprehensive care.

The incidence for disability is so high this Nation can no longer postpone a comprehensive look at disability. But to do so means people must understand the problems.

During the past months I have participated with Dr. Koop on panel discussions surrounding the issues of disability. I must say he is the first person I have met in any governmental position that I did not have to go begging to for understanding.

He asks my opinion for ways to affect the health and well-being of the disabled. I have observed also that Dr. Koop has tapped the expertise within the Public Health Service to broaden his own understanding. He has disabled staff persons who bring an even different perspective.

I do not expect Dr. Koop to correct all the problems of the disabled, but he as Surgeon General could influence research, acquaint the Nation of the medical health care problems of the disabled, as well as suggest approaches to these problems.

Illustrative of one such approach is an information system for consumers, parent consumers, and providers alike which would access information on diagnosis, treatment centers, and specialized agencies, public and private, which serve the disabled.

In our discussions he has advocated another idea which would establish a nationwide network of parent groups who could share their experiences as well as their failures. To have had either one

of these resources as my child was growing would have lessened the trauma.

My husband is a physician who specializes in treating chronic disabling conditions. One might think that having a physician as a husband would somehow lessen the anguish and frustration of having a severely disabled child. It does not.

After our family went through a period of adjustment we realized that dealing with the system and trying to get information on health and information services was nearly as traumatizing as the realization that our son was disabled.

I believe that the Nation needs in these times of limited resources a compassionate and competent chief physician who understands how the system works.

Dr. Koop's more than 30 years of experience in caring for children from childhood to adulthood, his work with developing nations, and his understanding of the frustrations faced by parents as well as the disabled person are the reasons why this committee should vote to support his nomination as Surgeon General of the United States.

Thank you for allowing me to appear before this committee.

The CHAIRMAN. Thank you. We appreciate your deliberative comments and the anguish that parents of disabled children have to go through.

Let me just say this: Senator Weicker would have liked to have been here personally, but he is in New York today because his mother is ill.

I think what we will do right now is get the testimony of Mr. Dart, and then I will have questions for you and Mr. DeGeorge.

STATEMENT OF JUSTIN DART, JR., CHAIRPERSON, TEXAS GOVERNOR'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED [VIA VIDEOTAPE]

Mr. DART. My name is Justin Dart, Jr. I live in Austin, Tex. I thank you for the privilege of participating in this significant proceeding.

I address you as an individual and not on behalf of any organization of which I might be a member.

I do not have sufficient knowledge or experience in the field of public health to pass judgment on the qualifications of Dr. C. Everett Koop to be Surgeon General of the United States. However, as an individual who has been involved in disability-related activities for 30 years I suggest that in making its decision the Senate consider the potential impact of the Surgeon General on the 35 million disabled Americans who form our Nation's most severely disadvantaged minority.

Although I do not agree with Dr. Koop's reported position in regard to certain legal restrictions on women's freedom of choice, I have great respect for his dedication to the value and quality of human life.

This type of dedication, expressed not to enhance a particular candidacy but over a lifetime in both communications and daily actions, should be the basic qualification for any high public office, particularly one such as Surgeon General which involves profound responsibilities to individuals with disabilities.

Dr. Koop has expressed to me his intention to support a much needed integration and streamlining of Federal disability-related programs. He has also expressed his support for the following policies which I consider to be vital to the achievement of full social participation by disabled people:

One: Appropriate representatives of the disabled community should play significant decisionmaking roles in the planning and execution of all policies and programs affecting disabled persons.

Two: Reductions in public expenditures should not have a disproportionate or otherwise unjust effect on the disabled population. Cuts in spending on services for disabled people, when necessary, should be part of a process which includes a profound reassessment of programs, resources, and results.

Priority should be given to programs such as independent living which effectively promote productivity and self-reliance. Policies and activities which foster subserment, nonproductive dependence should be eliminated.

Three: A comprehensive body of disability law should be established. This should express the type of fundamental rights and responsibilities set out in limited form in section 504 of the Rehabilitation Act of 1973 but should not involve an entanglement of burdensome bureaucracies and regulations.

It should be a firm, concise statement of foundational concepts which would, like the better parts of the U.S. Constitution, evolve to the benefit of the public interest in harmony with the developing socioeconomic and political situation. Such law, and the supporting legal-administrative policy, should contain at every stage of development simple, effective enforcement procedures.

In conclusion, I respectfully urge the Members of the Senate—as you participate in these confirmation proceedings and in all your other responsibilities—to support disabled Americans in our struggle to achieve equal quality of life opportunities.

I submit to you that this Nation simply cannot afford the moral and economic cost of maintaining millions of potentially productive citizens in unwanted, unjust dependence. I ask each one of you to join with us, your disabled constituents, in our efforts to become self-reliant, productive, and independent, to get off of the welfare rolls and onto the tax rolls.

It is my belief that the confirmation of Dr. C. Everett Koop as Surgeon General of the United States would be a significant contribution to the achievement of these goals.

Thank you.

The CHAIRMAN. The reason Mr. Dart could not be with us today is the severity of his disability; it prevents him from traveling. We do appreciate the efforts that he put forth in helping us by way of videotape.

Mr. DeGeorge, I have just one question: Are you familiar with title 19 and its provisions for long-term care of the disabled?

Mr. DEGEORGE. Yes, I am, Senator.

The CHAIRMAN. Do you feel that the Surgeon General should encourage more community-based care settings or large institutional facilities, and would you tell us why?

Mr. DEGEORGE. We do believe that there should be an extension of community-based care through the independent living center

program concept. This creates a greater independence of individuals to go from an institutional type of living into a community-based type living and then possibly on into the community on an individual basis, having a person live on their own with or without their families. It is a launching pad for this kind of living.

The big thing is that it gives pride and self-esteem back to the handicapped person who is living in a center for independent living, where he or she is not relying on an institutional-type care program. It will be more cost beneficial to the society for this kind of program to be conducted.

The CHAIRMAN. Do you know if Dr. Koop has ever taken a position on this issue?

Mr. DEGEORGE. I believe that he is supportive of this concept, Senator.

The CHAIRMAN. Thank you so much. We respect you, and we appreciate your being here.

Mr. DEGEORGE. Thank you very much.

[The prepared statement of Mr. Powell follows:]



CHARTERED BY THE CONGRESS OF THE UNITED STATES

STATEMENT OF
R. JACK POWELL, EXECUTIVE DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE
THE SENATE COMMITTEE ON LABOR AND
HUMAN RESOURCES
CONCERNING
THE NOMINATION OF DR. C. EVERETT KOOP
AS
SURGEON GENERAL OF THE UNITED STATES
OCTOBER 1, 1981

Mr. Chairman and Members of the Committee, it is a privilege for me to appear today on behalf of the members of Paralyzed Veterans of America. I am grateful for the opportunity to present PVA's views concerning the nomination of Dr. C. Everett Koop, M.D., as Surgeon General of the United States. As the chief medical officer for the nation, the Surgeon General plays a vital role in the lives of all Americans and we support the nomination of Dr. Koop for this important position.

Mr. Chairman, I would like to explain briefly the nature of Paralyzed Veterans of America. PVA consists of over 11,000 members, all of whom have experienced spinal cord injury or dysfunction. The organization was formed immediately after

World War II, and in 1971 it received a Congressional charter, making it a veterans' service organization capable of processing claims for veterans at not cost to them.

PVA has 35 Chapters located throughout the Nation with members residing in all fifty states, the District of Columbia, Puerto Rico, and Mexico. PVA's membership consists nearly equally of service-connected and non-service-connected disabled veterans. Many of our members served in the military during World War II while others have only recently been discharged from the military for their disabilities. In short, PVA serves a very diverse veteran population whose outstanding common trait is spinal cord injury or dysfunction. During its 35-year history PVA has developed a good understanding of the veteran population and the health-care needs of catastrophically disabled citizens.

Besides representing veterans, PVA contributes directly to neurological and health-care research projects, and 1981 will see PVA spend over \$400,000 in these areas. Additionally, in 1980 PVA and Stanford University jointly established the Nation's first Chair of Spinal Cord Injury Medicine, and plans are underway to create similar medical educational programs elsewhere.

Mr. Chairman, because of our deep concern for and involvement with the health-care needs of our members and all disabled citizens we support the appointment of Dr. Koop as Surgeon General of the United States. We believe Dr. Koop is eminently qualified to serve in this position. It is not necessary to reiterate the professional qualifications, awards, and honors that mark Dr. Koop's long and distinguished medical career; however, we must point out that Dr. Koop's professional life has been characterized by compassion and concern for disabled individuals.

Paralyzed Veterans of America has long sought a national policy that addresses the needs of disabled citizens. Included in such a policy must be a program which recognizes the significant health-care requirements of disabled persons, if they are to achieve maximum independence. Dr. Koop, by his statements and actions, has clearly indicated an awareness of these needs and has demonstrated his dedication to securing a coordinated, comprehensive policy which will provide disabled citizens the opportunity to gain independence, free from an institutional environment.

Dr. Koop has expressed strong support for a program of centers for independent living, and these centers are a significant part of any comprehensive policy for providing maximum independence for severely disabled individuals. Additionally, Dr. Koop has indicated a willingness to ensure the participation of disabled citizens in planning and policy decisions which will affect programs and health care services provided for their benefit.

The Surgeon General has an important part in all federal health care activities, both in his direct actions and in his advisory capacity. Dr. Koop has indicated his desire to foster increased coordination of health-care efforts and planning between the Public Health Service and the various Departments and Agencies of the government, including addressing the problems and needs of America's disabled and aging citizens.

Finally, I must address the relationship between the Surgeon General and the Veterans Administration regarding health care for the nation's 30 million veterans. The Surgeon General has no statutory authority over veterans' health-care

programs; however, in his advisory capacity as chief medical officer of the United States he can have a significant effect on the quality and quantity of health-care which is to be available to veterans through the Veterans Administration's Department of Medicine and Surgery.

Paralyzed Veterans of America has historically supported a strong, viable, and independent VA health-care system. We have received assurance from Dr. Koop that he likewise supports the continued maintenance of the Veterans Administration's Department of Medicine and Surgery as an independent health-care system for veterans. Dr. Koop has expressed his understanding of the unique health problems of veterans and his desire to prevent erosion of any existing veterans health-care programs.

Our support for the nomination of Dr. C. Everett Koop, M.D., as Surgeon General of the United States is based on Dr. Koop's distinguished medical career, his understanding and concern for disabled citizens, and his commitment to an independent VA health-care system.

Mr. Chairman and Members of the Committee, this concludes PVA's statement and I will be glad to answer any questions that I can.

The CHAIRMAN. Our last panel will consist of William H. McBeath—Dr. McBeath is a physician and master of public health and executive director of the American Public Health Association—and Ms. Jane Wells-Schooley, vice president of the National Organization for women.

Dr. McBeath, we will hear from you first.

STATEMENT OF WILLIAM H. McBEATH, M.D., M.P.H., EXECUTIVE DIRECTOR, AMERICAN PUBLIC HEALTH ASSOCIATION

Dr. McBEATH. Thank you, Senator Hatch.

My understanding is that my entire statement will be printed in the record, and if that is the case I will be happy to submit it for that purpose and try to summarize it here.

The CHAIRMAN. I would be overjoyed if you would do that and would appreciate it very much. Both of your entire statements will be printed in the record as though fully delivered, without objection.

Dr. McBEATH. As you started off this hearing today, Senator Hatch, you pointed out that there was no challenge whatever by anybody to the integrity and distinguished character of Dr. Koop in his career as a pediatric surgeon and, I might add, as a humanitarian.

Compassion, concern drive, integrity, and vision may all be important characteristics and qualifications for the Surgeon General, but they are not sufficient qualifications. The law says very clearly—the law that exists now—the Surgeon General shall have “specialized training or significant experience in public health programs.” We feel that that is the real issue before this committee today.

The difference between specialized training and significant experience in organized public health programs, as differentiated from clinical medical care, is something that we try to address at some length in the testimony we presented for the record. I will attempt only to summarize that here.

But it is an important difference, and I think it is one that needs to be understood, because really the crux of our position is that so much of this experience which has been presented on behalf of Dr. Koop has been characterized—rather loosely we feel—as public health experience. That “public health is anything done in the interest of the health of the public” is not a very helpful definition of “public health.”

We still submit that one good, simple rule of thumb that can be used to look at these experiences cited for Dr. Koop is to determine whether or not they have been directed at a series of patients who are ill in an effort to make them better—to improve their treatment, to improve the outcome of their disease—or whether as a matter of fact they are efforts directed more toward whole population groups, in various stages of health, to help to prevent disease and to promote health in that population group.

This chart [indicating chart which was a part of the record submitted] attempts to illustrate that and shows on the one hand the clinician as he sees a series of patients, all of whom are ill, and for whom he applies the eminent skills that clinical patient care physicians are trained for. It illustrates, on the other hand, the

view of the public health program which views a whole population, some of whom, of course, are ill at any given time, but most of whom are healthy. The corollary of all this is that most of the activities of clinical patient care are directed at the cure of cases of illness that come before the individual clinicians caring for those patients; whereas the effort of public health programs is directed at causes of illnesses, prevention efforts directed toward control of various causes in the community.

May I illustrate that with the front page of today's Washington Post, where there is reference to an outbreak of typhoid fever in San Antonio, Tex.? There is a great deal of attention given to the role of local public health authorities and of the USPHS Center for Disease Control personnel who are there today working on that epidemic. The public health personnel are not there caring for the patients who are ill with the epidemic. The clinical-care physicians, the hospitals, the nurses, and others in the clinical-care system of San Antonio are doing that service. The public health personnel who are there in organized public health programs are rather seeking to determine the causes of that outbreak—where there has been breakdown in the environment and in that community which has permitted the outbreak of a disease we have in the past successfully prevented.

Programs to prevent typhoid via environmental sanitation or immunization would be characteristic examples of public health programs that are designed to prevent disease. Efforts to contain that epidemic by the private physicians and hospitals in the city of San Antonio are examples of clinical patient care.

I do not think there is anyone in this room who, if we had the misfortune of having a child who was ill and needed surgery, would have the expectation of going to the health department for surgery. I think we know the difference. We would pray and be thankful for a surgeon of the skill and dedication of Dr. Koop for that purpose.

What I ask is for this committee to seek the same degree of public health skill and dedication in its application of the requirements of Federal law for the health of the public.

The examples that have been given in some of the background material have been presented as related to public health. I submit, sir, that almost all of those are not examples of public health programs at all, but rather are examples of clinical patient care. I would like to go over just some of these—not in detail. I will then give you the opportunity, if you wish, to ask me in detail about any of them.

Pediatric anesthesiology, innovative techniques in pediatric surgery, and newborn intensive care are laudable innovations in patient care. They are the kinds of things that have distinguished Dr. Koop's career, and for which he has deservedly received the accolades of his peers. They are not public health programs.

The rehydration stations which Dr. Koop helped set up in the Dominican Republic were efforts to treat the patients who were then ill, suffering from infantile diarrheal disease—a serious threat throughout the developing world. They are clinical efforts at patient care, Senator; they are not efforts in public health programs.

The work that Dr. Koop has done among disabled children and in rehabilitation, and his work with the dying child and the handi-

capped child are again very commendable and laudable efforts, but they are efforts at improving patient care; they are not organized public health programs.

The efforts of Dr. Koop in the provision of care to the medically disadvantaged and underserved—including even those brought up here from his medical student days of deliveries in the homes of Harlem—are examples of patient care; they are not public health programs.

Clinical patient care remains clinical patient care, even when it is provided to the poor, or when it is provided in a foreign country. Again I say, these examples may be commendable claims for a long, distinguished career in clinical patient care, but they do not represent any experience in public health programs.

Not only are these examples not public health, but let me draw another contrast, if I may, with regard to the rehydration stations that will illustrate—much as I hoped to illustrate with the San Antonio situation—the difference that would have been taken by organized public health programs with regard to the infantile diarrheal problems of developing countries.

Dr. Halfdan Mahler, the Director General of the World Health Organization, has actually used the development of rehydration centers as an example of the inappropriate transfer of western medical technology to the developing world.

It is expensive, highly consumptive of trained personnel that are not readily available, presents great logistical problems with regard to supplies, and even though it may be an important thing to do to save lives and be deserving of commendation there, there are other approaches—public health approaches—that in the long-run are better adapted to the needs of those countries.

The reduction in mortality that has been demonstrated by rehydration centers has been matched by simple programs for the distribution of rehydration salts through usual channels to mothers, with two-headed spoons that even illiterate mothers can use to make hydration fluids for use by their children.

Even more basic public health programs for such underdeveloped areas would be environmental sanitation programs; which again come back at the very nature of preventing the causes of the fecal-oral spread of infantile diarrheas.

Most of the public health examples that have been given for Dr. Koop, as I said, we think attest largely to clinical medical care type of experience. Other examples—a few of them—do attest to things that are in the preventive area; I addressed that in our submitted testimony. It is our view that on some of these latter Dr. Koop is really unaware of the magnitude of the public health problems—or the public health programs designed to address them—that he has taken, in some sources, credit for solving. For example, several references have been made here this morning to the effort to rid this country of fluoroscopic shoe-fitting machines. That is a dramatic chapter in the history of public health in this country. It took place over a 15-year period that began in 1946, before Dr. Koop even entered the practice of surgery and before he ever became a member of any committee of the American Academy of Pediatrics. The New York City and Detroit City departments of health determined these hazards in 1947 and 1948 and established

the first codes that were adopted against them in the United States. The National Library of Medicine has helped us with the development of a literature search that would show the history of this program, and there are several references in the literature to the early development of the effort to outlaw and calibrate these machines. Such widely read periodicals as the *Journal of the American Medical Association*, the *New England Journal of Medicine*, and several public health journals had articles on this subject before the 1950's.

Dr. Koop was a member of the American Academy of Pediatrics' Committee on Accident Prevention in 1953, 6 years after this campaign began, when that academy took a public position with regard to this issue. I am sure Dr. Koop feels it was an important issue. I think it was an important position to be taken. But I think a man who only served on a committee—along with perhaps hundreds of others who served on committees in dozens of other organizations—and participated in the development of a statement with regard to this problem, 6 or 8 years after efforts had begun to follow that problem, has been tempted into a great deal of exaggeration to point that out now as his experience in an organized public health program.

Furthermore, because I knew that Pennsylvania in 1957 was the first State to actually outlaw the use of those machines. I investigated, not only with the chairmen of this academy committee that Dr. Koop served on, but also with the men who served as commissioners of health in Pennsylvania and in Philadelphia at the time that effort went forward. They all remember Dr. Koop, but they remember no specific role he played in the elimination of those machines in the State of Pennsylvania. The record shows that the Pennsylvania State Medical Society and even the Philadelphia Shoe Dealers Association supported the elimination of those machines in Pennsylvania. I would submit that there are literally thousands of people who could claim equally well that they participated in the abolishment of fluoroscopic shoe-fitting X-rays.

With us, the issue of this Surgeon General nomination is certainly not just another battle in the abortion war. Neither is it a matter of trying to deny President Reagan his desired appointment for an advisor. Dr. Koop is now, and has been for 6 months serving as Deputy Assistant Secretary for Health.

If I understood him correctly earlier, he said he felt there was nothing else he could do and no additional assignments would be made if he were Surgeon General than if he were Deputy Assistant Secretary for Health.

Our view is that the law here requires specialized training or significant experience in public health programs and that Dr. Koop does not have that; therefore, the position of Surgeon General should be retained for one who will bring that public health viewpoint to bear—in addition to Dr. Koop's clinical views—in the councils of this administration as they sit to discuss the great health problems that confront the country.

One final word: this is an unpleasant task. It is not a desirable task to come here and in any way cloud the happy closing of Dr. Koop's clinical career; but we feel it is a necessary task because we think it is in the interest of the health of the public.

The American Public Health Association has not been alone in our position in this regard. I might add that the crushing silence of organizations who have not endorsed Dr. Koop needs to also be heard in this room. To my knowledge, not a single national medical or health organization has supported his endorsement as Surgeon General. That, Senator, I think in itself, is a telling indictment. Some of them, I am sure, were subjected to some pressure to do so.

I will be happy to take any questions.

The CHAIRMAN. Thank you, Dr. McBeath.

[The prepared statement of Dr. McBeath follows:]

Testimony on the
Confirmation of Surgeon General Nominee C. Everett Koop, M.D.

presented to the
Committee on Labor & Human Resources

United States Senate

October 1, 1981

on behalf of the
American Public Health Association

by

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Introduction

Chairman Hatch, and members of this distinguished Committee. My name is William H. McBeath. I am a public health physician currently serving as Executive Director of the American Public Health Association. I am authorized to appear before you today on behalf of that organization.

APHA is the oldest and largest professional public health society in the world, having begun in 1872, and now having over 50,000 national and affiliate members across the country. We are a science-based, action-oriented, multi-disciplinary organization with an envied tradition and significant potential as a force in the movement toward valid national health policy and effective community health programming at federal, state, and local levels.

We appreciate this opportunity to present our views on the important subject before you for consideration today.

The issue:

What public health qualifications does
the USPHS Surgeon General need?

The American Public Health Association firmly believes that the health interests of the nation are best served only when the United States Public Health Service is headed by a Surgeon General who is a clearly qualified, specially trained, broadly experienced community health professional of demonstrated expertise and recognized ability.

Long-standing tradition and provisions of federal law have helped assure such leadership by requiring that the Surgeon General be appointed for fixed terms from the commissioned corps of career USPHS professional officers. Recent changes in the law permit the designation of a Surgeon General from outside the career corps, but only if that individual shall "have specialized training or significant experience in public health programs."

This Committee now has before it for consideration the nomination for Surgeon General of an individual who has not served in the USPHS career corps, who has no specialized training in public health, who has no significant experience in public health programs, and who is therefore clearly unqualified for this important office.

Accordingly, for the first time in over a century of collegial co-existence with the Public Health Service, we in the American Public Health Association are constrained to speak out

against the appointment of a specific candidate being designated as Surgeon General. We strongly oppose the confirmation of Dr. C. Everett Koop as Surgeon General on the grounds that he is without the requisite qualifications for that position.

There is ample evidence that Dr. Koop is a distinguished pediatric surgeon. He is much honored, doubtless deservedly, as a practitioner and teacher in his chosen medical specialty. It is not our intention to cast the slightest shadow upon his reputation as highly skilled physician, exceptionally gifted in the art and science of surgery for infants and children. However, we must insist that these admirable qualities alone are wholly inadequate to equip one for national professional public health leadership; and Dr. Koop is otherwise almost uniquely unqualified.

We believe one aspiring to such national public health leadership must be well supplied with a familiar understanding of public health principles and a mastery of public health methods which together give an essential background for an effective approach to and solution of public health problems. The Congress, in its wisdom, has seen fit to include reference to such qualifications in the legislative language which now specifies the prerequisites of the Surgeon General. It is this expertise in public health which Dr. Koop is so utterly lacking, and which is clearly required by law of any Surgeon General candidate.

Why isn't any distinguished medical doctor considered
a qualified public health practitioner?

Why do we say that being a specialized medical clinician is not sufficient qualification for Surgeon General? Are not the biomedical and clinical sciences at the core of medical education and practice, also importantly related to public health? Of course they are. But only the narrowest form of medical chauvinism would permit the view that any competent clinical physician is automatically equipped to direct organized community health endeavors.

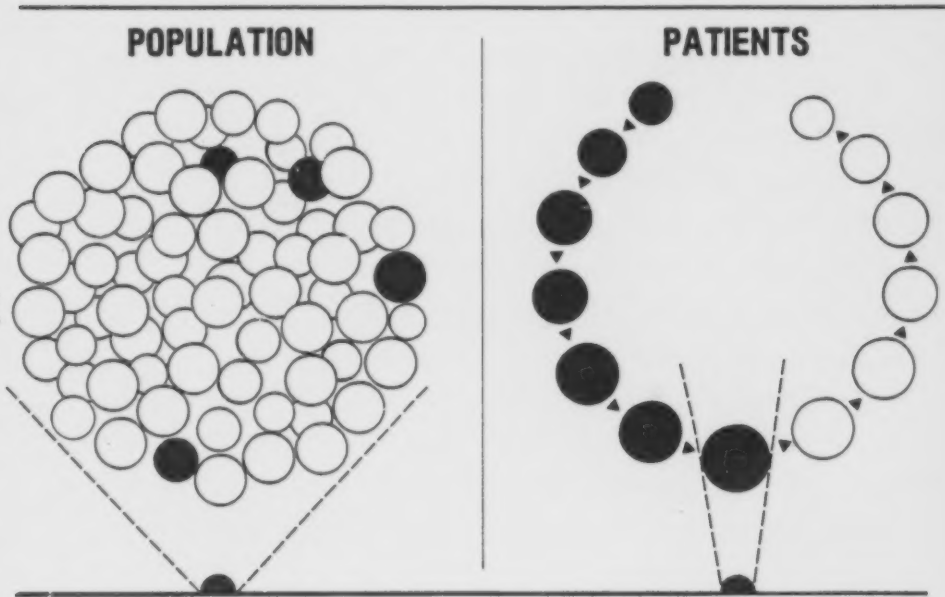
A recent national commission had defined "public health" as "the effort organized by society to protect, promote, and restore the people's health, involving programs, services, and institutions which emphasize the prevention of disease and the health needs of the population as a whole;" as distinguished from the "clinical sciences" (including medicine) "which operate through a one-to-one, practitioner-patient relationship, and emphasize the empirical application of these fields to individual health problems."

Thus, physicians are especially and exquisitely trained to deal with the pathology of disease in the individual, rather than the public health focus on the active promotion of health in population groups. Medical science and technology is largely that of the treatment of a diseased patient, not the public health knowledge and skills for the prevention of ill health in aggregates. Private medicine is focused on the care of patients

and the cure of their individual ailments, while public health is concerned with the varied causes of disease and their control in the community and its environment. (These concepts are presented graphically in the accompanying figure.)

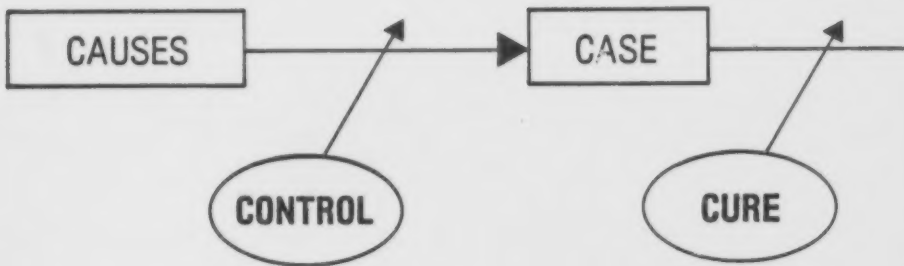
The almost exclusive orientation for one-to-one, provider-patient relationships so advantageous for the clinician, can actually be a disadvantageous distortion for the community practitioner committed to the broader goal of equitable programming for a total population.

In contrasting the patient care clinician and the community health practitioner, we attribute no inherent superiority to either. It is the significance of their differences we seek to emphasize, reflecting the distinctive contribution each can best make to human well-being, and also justifying the distinctive public health qualifications specified for the Surgeon General in the Public Health Service Act.



PREVENTION

TREATMENT



Training and experience in public health --
what important difference does it make?

What is it about training and experience in public health that provides the substantive difference so essential to the qualifications of community health professionals? How does such training and experience make an important difference in public health professionals?

First, through education and work experience they come to share a unique body of knowledge basic to the principles and practice of public health, including certain measurement sciences, environmental sciences, social sciences, and management sciences. Epidemiology is the core science of community health. Other important courses of study at the heart of public health include behavioral science, biostatistics, community dynamics, demography, educational change, environmental protection, human ecology, public administration, and social policy.

Second, through training and experience they come to possess special skills related to community health methods and procedures, including the conduct of community development activities, controlled field trials, environmental inventories, epidemiologic investigations, health program planning and evaluation, health survey research, legislative implementation, mass communication, regulatory enforcement, and sanitary/safety inspections.

Third, through experience in organized public health efforts

they come to comprise a characteristic working group of occupational disciplines in distinctive organizational settings. Community health educators, environmental health scientists, epidemiologists, health services administrators, health planners, industrial hygienists, nutritionists, public health dentists, public health nurses, public health physicians, sanitarians, statisticians, and others publicly identify themselves as career community health workers, and are employed jointly with others of these related community health disciplines, in formally organized program efforts set predominantly in governmental public health agencies and voluntary community health service organizations.

Thus, three distinctive characteristics generally shared by public health professionals as a result of their training and experience are: unique knowledge base, special skills ability, and work group identity. In contrasting these characteristics of public health professionals to those of the clinical physician, one notes that the clinical physician does not ordinarily master the areas of scientific study unique to community health service, does not usually develop the special skills and techniques common to community health practice and research, and does not customarily work in the same organized settings with community health disciplines.

What constitutes "specialized training"
or "significant experience in public health?"

There are several real-world examples which clearly identify the essential form and content elements of public health training and experience.

For U.S. physicians, the definitive testimony to attainment of specialization within medicine is formal certification by an American specialty board recognized by the American Board of Medical Specialities. In 1948, the American Board of Preventive Medicine and Public Health was recognized to award specialty certification to qualifying public health physicians. To date, some 4,000 physicians have been certified by this Board as qualified medical specialists in public health and its related preventive medicine fields. (Dr. Koop is not among these 4,000. He, having chosen formal preparation for and active practice within the entirely different medical specialty of pediatric surgery, has been certified by the American Board of Surgery.) In addition to the M.D. degree, a medical license, one year of postgraduate clinical training, and successful completion of a comprehensive, two-part, specialty examination, the training and experience requirements for board certification in public health include: (1) graduate course of academic study, including biostatistics, epidemiology, health services administration, and environmental health, leading to a master's degree in preventive medicine or public health, (2) one year residency of supervised preventive medicine practice experience,

including planned instruction, observation, and active participation in comprehensive, organized, preventive medicine programs, and (3) an additional year engaged in specialized public health activity (training, research, teaching, or practice). It is true that federal law does not require the Surgeon General to be a board-certified physician specialist in public health; but it does require that the Surgeon General have "specialized training" or "significant experience" in public health. Isn't it reasonable to demand that the type of public health training or experience to be possessed by a physician candidate for Surgeon General, should be the same type (but not the same amount) of training and experience defined by the recognized medical specialty board as appropriate for any physician seeking to qualify in public health? (With regard to the nominee before you for consideration, our point is not that Dr. Koop hasn't yet completed all of the training and experience required of public health diplomates; our point is rather that Dr. Koop hasn't even started any of the type training or experience specified as appropriate.)

Successful completion of graduate training at the master's level (only one of the requirements included above) has increasingly become the recognized norm for professional public health training within many health-related disciplines, including medicine, nursing, dentistry, environmental science, health services administration, etc. Beginning in 1956, the Congress has affirmed the value of such education by authorizing public health traineeships to support "professional health

personnel" in "graduate or specialized training in public health." Since then, Congress has provided a variety of grant programs to support public health training in public and private non-profit graduate schools of public health, and other educational institutions. Since 1930, about 50,000 health professionals have received graduate public health degrees (usually the M.P.H.) from the nation's twenty-one, fully accredited, university-based, graduate schools of public health alone. It is estimated that over 35,000 of these are still professionally active, along with at least an equal number who hold equivalent graduate degrees from a variety of community health/preventive medicine/environmental health/health services administration programs in other degree-granting institutions. This cadre of graduate-trained professional public/community health personnel, educated with federal support, are additional evidence of the level and character of training Congress intends by the phrase "specialized training in public health." (Dr. Koop has had no graduate education or specialized training in public health.)

Where do we look for practical examples of what constitutes "significant experience in public health programs?" Where else than in the daily work experience of public/community health professionals? In a recent report to the Congress, the Secretary of Health, Education, and Welfare reported that this country has a core group of about 150,000 qualified professional and technical personnel with distinct public health competence who work exclusively in public health settings. In addition to

this large core of professional public health workers, the report goes on to enumerate supporting personnel in public health agencies and programs, and others whose primary work requires the performance of significant public health functions. This total public health workforce is over a half million personnel.

It is this community of public health workers -- professional, technical, executive, operational, and supporting -- which must be understood, motivated, and guided by expert leaders of recognized ability and demonstrated dedication, beginning with the Surgeon General. And it is the work experience of this group which must be shared by any Surgeon General candidate deemed to have "significant experience in public health programs." It is almost inconceivable that any Surgeon General candidate deemed to have that requisite "significant experience in public health programs" would not be part of this total public health workforce. Dr. Koop is not.

What makes for "significant"
experience in public health programs?

It should be patently obvious that simple knowledge of, occasional exposure to, or even sympathetic interest in community health programs does not constitute "significant experience" in the present context. As revised, Section 204 of the Public Health Service Act is stating the job qualifications for Surgeon General. As with any job qualifications statement, the experience requirement refers to valid work experience of the candidate, demonstrated by prior substantial commitment of time and effort to a responsible occupational involvement (usually employment).

In the case of the Surgeon General, the experience is explicitly required to be in "public health programs;" but what quantity and quality of experience is "significant?" Logically, the requirement for public health programs experience is intended to provide and/or assure the capabilities (i.e., the knowledge, the skills, and the values) needed for public health programs leadership. Experience is therefore "significant" only if it is adequate to provide the needed capabilities. It is ludicrous to treat the USPHS Surgeon General as an entry-level public health career position. Particularly in the absence of any specialized training, only an extended and commendable career of professional public health program leadership would meet the "significant experience" test for Surgeon General.

What are the purported public health qualifications
of Dr. C. Everett Koop?

In the openness of today's "information society", anyone with access to a good public library can freely examine the important public aspects of the personal and professional life of prominent individuals. Standard reference works such as Who's Who in America and the Directory of Medical Specialists are recognized as authoritative, readily available stores of biographical data and career information on many noteworthy persons in the world of health affairs.

By coincidence, page 1824 of the 40th edition of Who's Who in America lists only two physicians. Appearing almost side by side in adjacent columns, their life sketches reveal some interesting parallels between the two men, but also some clear career contrasts. They were both born in New York state less than a year apart, and eventually both graduated from medical school there in the 1940's. After a period of residency training (one in internal medicine, one in surgery) they began their practice careers in different states (one in North Carolina, one in Pennsylvania). Both became members of their local medical society and the American Medical Association, and each has engaged in private medical practice. However, as it turned out, each was to spend almost his entire professional career with a single institution, both men having now retired from the top jobs at each. Both have been active in civic affairs, and each has received awards and honors from his

professional peers. Both record one marriage with four children; both are Presbyterian.

So much for the parallels; what of the career contrasts?

In 1946, the North Carolina internist began as assistant epidemiologist with the state board of health and, after periodic advancements, became state health director in 1966. During this time he had an interim two-year period of service with the U.S. Public Health Service; and obtained a graduate degree (M.P.H.) from the University of North Carolina School of Public Health, on which faculty he subsequently served, eventually attaining the rank of adjunct professor. His professional memberships include American Public Health Association, Association of State and Territorial Health Officials, Conference of State and Provincial Health Authorities, and Delta Omega -- all public health groups.

In 1948, the Pennsylvania surgeon became surgeon-in-chief of Childrens' Hospital of Philadelphia, continuing in that post during 33 years of institutional growth. He served concurrently on the active faculty of the University of Pennsylvania School of Medicine, eventually becoming full professor of pediatric surgery and pediatrics. He became founding editor-in-chief of the Journal of Pediatric Surgery. His professional memberships include American College of Surgeons, American Surgical Association, Society of University Surgeons, International Society of Surgery, Surgical Section of the American Academy of Pediatrics, and the American Pediatric Surgical Association -- all pediatric surgery groups.

Surely these eminently gifted physicians can both be cited as noteworthy for their contributions to human well-being resulting from distinguished careers, each in his own respective area of special competence. The question we raise here is this: Which one of these physicians has "specialized training and significant experience in public health programs" and which one is being nominated as USPHS Surgeon General?

Early this year, soon after Dr. Koop was named Deputy Assistant Secretary for Health, we requested and received a copy of his four-page curriculum vitae from the Department of Health and Human Services. We wanted to identify any public health experience in Dr. Koop's background in order to assess his qualifications for Surgeon General. Of course, his curriculum vitae elaborated considerably (and appropriately) upon the details of his distinguished professional career. It listed three earned, and seven honorary degrees. It cited six years of postgraduate training and fellowship appointments. It mentions medical licensure in two states, and two certifications by a specialty board. It specified eleven faculty appointments in 36 years of active teaching at two institutions. It told of appointments to four hospital staffs. It named eleven awards and honors: professional, civic, and religious. It reported his membership in seventeen local, national, and international professional/scientific societies, plus several important offices and committee assignments therein. It gave four specialty journals he has edited. It included personal and family information. But, at no point in the curriculum vitae is

there direct or indirect reference to anything that could reasonably be called "specialized training or significant experience in public health programs." None of the education or training was public health focused. None of the faculty or hospital appointments were in preventive or community medicine. None of the society memberships were in public health organizations. None of the edited journals were community health periodicals. (A separate review of over 150 scientific papers authored by Dr. Koop revealed none on public health subjects, or in journals devoted to community health or preventive medicine.)

(For the record, we wish to add that more recently, our request to the General Counsel of the Department of Health and Human Services for a copy of specific documentation of Dr. Koop's presumed public health qualifications was denied. although the possession of such documentation was admitted. To say the least, we were anxious as to the justification for such "confidentiality.")

Within the past few days, administration representatives have distributed "background information" materials on Dr. Koop's Surgeon General nomination to members of this Committee, and some of you have shared these with APHA. We sincerely appreciate even this brief opportunity to review and analyze therein the administration's claims of public health qualifications for their nominee.

Perhaps understandably, the materials never quote the legal qualifications for Surgeon General as defined by Congress and

given in the Public Health Service Act: "specialized training or significant experience in public health programs." The administration apparently concedes that Dr. Koop has no specialized training in public health, since no reference is made in the materials to such training. Its apparent tactic is to dress up events in the nominee's clinical career which can hopefully be sold to this Committee and the Senate as "significant experience in public health programs." We urge you not to buy this thinly veiled attempt to disguise "examples" which, as we shall see, are usually not "public health", often not "programs", sometimes dubious as personal "experience", and never "significant."

The centerpiece of these materials is a four-page document entitled "background information" (which is attached hereto, and which we request be included as part of the record). After beginning with references to Dr. Koop's internationally known accomplishments in pediatric surgery, it goes on to quote a definition of "public health" previously cited in this testimony. Thereafter, under three headings taken from the definition, purported "examples of Dr. Koop's experience" are introduced which supposedly "attest to his extensive background in both clinical and public health services delivery." Each so-called example is presented as a brief "bulleted" paragraph under one of the three headings.

The paragraphs are peppered with "buzz words" and jargon, frequently underlined, but usually without direct relevance to the substance of the paragraph. Careful examination also

reveals that the "example" paragraphs are assigned almost randomly to the three headings, with the paragraph subject actually bearing no significant relation to the heading it's placed under.

Some may lightly pass off these aberrations as simply a masterpiece of the publicist's art. More likely they are the deliberate attempt to mislead this Committee as to the public health qualifications of Dr. Koop.

Almost all of the fourteen "examples" refer to clinical patient care activities, not to "public health services" as alledged. Earlier in this testimony we sought to carefully distinguish between clinical patient care on the one hand, and public health programs on the other. To review, a quick rule of thumb (which can readily be applied by each of you to the "examples" cited here) is this: If the effort described is directed primarily at patients who are ill, it is clinical patient care. If the effort described is directed primarily at a group of relatively healthy people, it is public health services. Try that simple test on the core subject of each "example" paragraph (ignoring the "buzz" words and "puff" phrases) and you will quickly see that most of them do not relate to public health at all.

A few of the paragraphs admittedly do describe (or at least mention) public health type activities. However, the obvious attempt throughout this "background information" document to exaggerate to the point of distortion justifiably raises questions concerning the validity of even these as "significant

experience in public health programs."

Neither can it be ignored that all these "examples" are here undocumented. Particularly, they almost never give us information on (and therefore leave room for legitimate doubt as to) the nominee's specific role vis a vis others, his degree of personal responsibility, the precise nature of his contribution, the extent and duration of his involvement, and his time and effort commitment.

Even assuming the most favorable verdict that available facts will permit, we are forced to conclude that all these "examples" in aggregate still fall far short of affording Dr. Koop the "specialized training or significant experience in public health programs" required by law.

Is it really imperative that the Surgeon General
be a qualified public health practitioner?

We urge this Committee and the Senate not to minimize the importance of these mandated public health qualifications in the case of any Surgeon General nomination.

The Surgeon General is widely and appropriately viewed as a symbolic leader of the nation's public health movement. His role can be critical to stimulating the mobilization of the nation's total public health community, including a total work force of over a half million.

As the senior career public health professional in federal service, the Surgeon General is looked to for national public health leadership by professional counterparts serving as state health directors, county health commissioners, and city health officers across the nation. In a time of much heralded decentralization of public health responsibilities, there must be the maintenance of mutual respect and confidence at every intergovernmental facet.

Secretary Schweiker and Assistant Secretary Brandt have been eloquent in their language supporting health promotion and disease prevention. If this initiative is to continue and thrive, it must have committed expert public health leadership in the highest USPHS office.

In recent years, the Surgeon General has regained considerable traditional stature as a primary professional public health spokesperson for the nation, with a hard-earned

reputation for authoritatively presenting scientifically objective positions on important matters of national public health policy, e.g., smoking, nutrition, influenza, and prevention. Public confidence in the quality and reliability of our official public health leadership should not be permitted to unnecessarily erode.

The U.S. Public Health Service, as a qualified career professional service, is the legislatively established, permanent, internal locus for technical expertise and professional public health competence within the federal government. Its community health staff leadership is an essential continuing national resource to be both used now, and strengthened for even greater future use.

ConclusionThis is not just another battle in the abortion war.

Throughout our APHA effort to bring Dr. Koop's lack of public health qualifications to the attention of the President, the Congress, and the public, there has been a tendency for some media coverage to focus instead on Dr. Koop's controversial public statements on abortion, infanticide, and euthanasia. We regret this, because it tends to overshadow the less emotional issue of his public health qualifications. It is undeniable that APHA has long held that safe medical abortion should be available as an essential personal health service on a basis of need as defined by the choice of any woman and her physician. Some of Dr. Koop's supporters have suggested the abortion issue is the real reason for APHA's unprecedented opposition to his nomination. This is flatly untrue. APHA has not opposed the selection of other high ranking federal officials in both parties who have disagreed with the Association's position on abortion. The real issue is one of individual qualifications. We are joined in that view by other national groups that have no policy position on abortion, e.g., U.S. Conference of City Health Officers, and Association of Teachers of Preventive Medicine and the United Mineworkers. Dr. Koop's supporters sincerely feel that his extreme opinions should not disqualify him from appointive public office. We would also defend Dr. Koop's right to his position on the issues; but no views or opinions on issues, however dramatically presented, can be

accepted as valid substitute for basic qualifications. That is the real issue which the administration and the nominee wish would go away.

This is not just a matter of President Reagan getting his choice. As a Presidential appointee, Dr. Koop is actually now already serving in the position of Deputy Assistant Secretary for Health. We have not objected to this distinguished pediatric surgeon thereby becoming one of President Reagan's top medical advisors; but the Surgeon General post is distinctive. It is clearly intended to be the top federal public health professional in career service, and this traditional office should not be capriciously prostituted to the cause of either political patronage or personal presumption.

This is not simply a guild issue involving territorial imperative. The public interest validity of our position is attested by: (1) a long history of national health policy positions which emphasize public needs and avoid narrow professional interest, and (2) an impressive list of newspapers which have joined us in editorial opposition to Dr. Koop's nomination on the basis he is not qualified:

Detroit Free Press

Louisville Times

Los Angeles Times

Miami Herald

New York Times

Philadelphia Bulletin

Philadelphia Inquirer

St. Louis Post-Dispatch

Washington Star

Copies of these editorials are attached for inclusion in the record.

In conclusion, we earnestly urge the Committee on Labor & Human Resources to recommend the Senate reject the nomination of Dr. C. Everett Koop as Surgeon General of the USPHS on the grounds the nominee does not possess the statutory requirement of "specialized training or significant experience in public health programs."

Thank you.

Provided by HHS

NOMINATION OF C. EVERETT KOOP, M.D.
TO BE SURGEON GENERAL
BACKGROUND INFORMATION

The President has nominated C. Everett Koop, M.D., to be Surgeon General, the highest ranking commissioned officer in the U.S. Public Health Service Corps. Confirmation hearings before the Senate Labor and Human Resources Committee are expected in the very near future. A detailed curriculum vitae and publications listing is attached.

The Surgeon General reports to the Assistant Secretary for Health, the senior health official in the Department of Health and Human Services. The Surgeon General is assigned a number of duties by the Assistant Secretary for Health, and in addition, the Surgeon General has several functions specified in law. A listing of responsibilities and duties also is attached.

Dr. Koop's accomplishments in pediatric surgery are internationally known. Indeed, he was among the first physicians to enter the subspecialty of pediatric surgery and has practiced in that area longer than any other physician. However, he also has made his talents available to further public health outside of the operating room on a much broader scale, often on a volunteer basis. These interests have involved him in public health issues at that critical level where needs are identified and services are actually delivered to needy people. This aspect of Dr. Koop's past will be further developed at the confirmation hearings, but warrants separate mention here.

An important aspect of public health is arranging health services for large numbers of people. Services may range from education to actual care, and population size may vary. The common denominator is that public health rests on identifying the needs of a population and ensuring the availability of necessary services. Clearly a clinical background is useful in such an undertaking. But clinical skills alone are not sufficient. The Surgeon General must also have a command of large scale needs assessment, organization, logistics, and the ability to utilize specialized personnel such as epidemiologists, biostatisticians, health service administrators, and planners.

Public health has been defined as "the effort organized by society to protect, promote, and restore the people's health. The programs, services, and institutions involved emphasize the prevention of disease and the health needs of the population as a whole." the following are brief examples of Dr. Koop's experience in the protection, promotion, and restoration of health. They attest to

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an extensive background in both clinical and public health services delivery -- a lifetime of health experience and caring for and about people which well qualifies him for the position of Surgeon General.

PUBLIC HEALTH AS PROTECTION FROM DISEASE

- o During World War II, Dr. Koop was the surgical consultant to an epidemiology team lead by Joseph Stokes, M.D., who was assigned the task of investigating the incidence of hepatitis during the allied invasion of Italy. In the course of his work, he described the first transmission of the hepatitis virus across the placenta to affect the fetus without presenting any signs of the disease process in the mother.
- o When Dr. Koop entered the field of pediatric surgery more than 35 years ago, pediatricians were hesitant to consider solid cancers as a major problem in pediatrics although leukemia was recognized as a killer. One of Dr. Koop's first endeavors on arriving at the Children's hospital in Philadelphia in 1946 was to investigate cancer deaths among children recorded in the hospital's records.. Dr. Koop identified a major public health problem among children and helped educate his colleagues and the public through his innovative therapies and the establishment of tumor registries. Childhood cancer is now the focus of a large body of research, supported in part by the National Institutes of Health.
- o Utilizing resources such as demographic reports, Dr. Koop studied the health facility needs of Philadelphia and surrounding areas in terms of the age and sex of the population and their effect on health planning for future needs. Dr. Koop was in the forefront of the planning group that built the present Children's Hospital of Philadelphia, one of the most comprehensive tertiary care models in the world.
- o While working with a committee of the American Academy of Pediatrics, Dr. Koop brought attention to the dangers of x-raying the feet of children to see whether or not their shoes fit properly. The result of this endeavor was to have the machines calibrated in some states and to eventually have the practice discontinued due to its inherent dangers. This is an example of a public health hazard being identified and corrected.
- o In the area of cost effective health care delivery modifications, Dr. Koop worked with several colleagues to encourage New Jersey and Pennsylvania to provide care for

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respirator dependent children in their homes at a cost of about 1/10 of hospital costs. Just as importantly, this method improved the quality of the care for the children.

- o In 1965, Dr. Koop brought together the State Department's Refugee and Migration Office and private citizens in the U.S. midwest for the purpose of planning and building a 180-bed hospital to serve a particular segment of underserved citizens in the Crown Colony of Hong Kong.
- o While Dr. Koop was a member of the Accident Prevention Committee of the American Academy of Pediatrics, he was particularly concerned with burns of the mouth and esophagus which increased when corrosive cleaners were colored green and scented with wintergreen, thus encouraging children to regard them as candy. The work of this committee in protecting the consumer was so effective that the court ordered the removal of the scent.

PUBLIC HEALTH AS HEALTH PROMOTION

- o For more than 25 years, Dr. Koop has maintained a strong humanitarian interest in the Tarascan tribe of Indians in Central Mexico. There was essentially no medical care for these people until Dr. Koop established several small clinics. He emphasized preventive health services through the provision of protein supplements and vitamins and, on occasion, family planning advice.
- o Dr. Koop became aware of the enormity of problems involving public health and poverty when delivering babies at homes in Harlem in 1941. In addition, from the time he began work with the Children's Hospital in 1946, he has been involved with the provision of care to medically underserved populations and the almost daily interaction between the public and private sector in assuring access to care.
- o In 1960, Dr. Koop, under the aegis of the State Department, traveled to Ghana and concluded an agreement for the establishment of an American-type medical school. In addition, he brought about an arrangement with the Philadelphia College of Physicians through which a faculty was recruited for the school in Ghana.
- o Because of his concern for the health status of people in lesser developed countries, Dr Koop sought and obtained funds from Readers Digest for a program managed by MAP International Inc. This program has been instrumental in

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sending over 750 medical students to medically underserved nations so that they might become acquainted with the rigors of practicing rural medicine in primitive circumstances. It is important to note that over 9% of these students have changed their career goals to public health medicine.

- o A focal point of Dr. Koop's career for the past 36 years has been caring for disabled children. This interest goes far beyond pure medical care to include rehabilitation, counseling, and planning for appropriate care facilities for these children, many of whom are disabled for life. Dr. Koop's teachings and writings on the dying child and his/her family are classics in the field.

PUBLIC HEALTH AS THE RESTORATION OF HEALTH

- o At the request of the Public Health Department of the Dominican Republic, Dr. Koop conducted an assessment of the needs stemming from a diarrhea epidemic during which the infant mortality rate reached 50-70%. He planned and established nine hydration stations for administering intravenous fluids, procured physicians and nurses for the stations, and arranged for the necessary supplies. The epidemic was stopped as a direct result of Dr. Koop's administrative and clinical skills.
- o One of Dr. Koop's most important public health contributions is his effort in the reduction of infant mortality, a serious public health problem in this country. He has been at the forefront of developing and refining medical care techniques such as pediatric anesthesiology and innovative surgery which have reduced the mortality of newborns, particularly those with congenital defects. Many of those defects resulted in mortality rates as high as 95%. Today it is the survival rate that is 95% in many newborn anomalies. Further, Dr. Koop's establishment of the first newborn intensive care unit in the U.S. has been instrumental in further reducing infant mortality rates. Dr. Koop also contributed to the surgical additions to the standard incubator for premature infants so that much more complex procedures can be accommodated in this environment.

This is but a sample of Dr. Koop's hands-on experience with public health matters; these and other projects will be developed further during the confirmation hearings. As brief as this sample is, it attests to a lifetime of clinical skills coupled with the ability and drive to ensure that the care his individual patients received is available to the population at large. Dr. Koop, with this vision of public health, deserves Congress' recognition and confirmation.

in our opinion

Detroit Free Press

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APPOINTEES ^{Cabaret} Reagan's picks reflect a much too troubling change of policies

THE SAGA of Ernest Lefever grows stranger by the minute. Surely the only surprise left will be if the Senate actually goes ahead and confirms him as an assistant secretary of state, after the uninspiring revelations of recent days.

Mr. Lefever has been under attack because his think tank may have accepted money from the Nestle Corp. with some strings attached. Now his brothers have told the press they think he has some decidedly questionable views on race. Those two incidents reflect badly on Mr. Lefever's judgment and sensitivity, but the primary reason for rejecting his nomination is still his position on human rights.

As assistant secretary for humanitarian affairs, Mr. Lefever says he would call appropriate attention to the brutalities of the Soviet bloc but would use "quiet diplomacy" when "friendly" governments tortured or killed their own people. Aside from being a refusal to ameliorate some of the worst forms of political repression abroad, this is also the sort of realpolitik that gets us indelibly identified with shahs and Somozas and ruthless colonels, an identification that not infrequently blows up in our face. There are several reasons for rejecting Mr. Lefever, but the most compelling is that he would be a watchdog who doesn't like to bark.

And then there is C. Everett Koop, the president's choice to be surgeon general of the U.S. Dr. Koop, a pediatric surgeon, is a person of strong views and weak qualifications so far as public health issues are concerned. He thinks Planned Parenthood is to blame for teenage sex. He believes advances in test-tube conception will encourage homosexuality. He denounces amniocentesis, a routine procedure for determining the existence of congenital and hereditary disorders in fetuses, as a "search-and-destroy mission."

A fundamentalist Christian and a leader in the anti-abortion movement, Dr. Koop is a

board member of organizations that want to eliminate not only abortion but federally funded family planning, birth control, sex education, teenage counseling and world population control programs. If his nomination is approved by the Senate, he will be put in charge of many of the programs he is pledged to eliminate.

The Senate ought to look at what's going on here: The Reagan administration is using the power of appointment, quite deliberately, to alter the direction, even the existence, of programs mandated by Congress and taken for granted by many Americans. Dr. Koop's nomination is only one example.

Marjory Mecklenburg, an anti-abortion leader who is opposed to the use of contraceptives, has been named head of the agency that is supposed to fund programs for pregnant teenagers and birth control counseling. The man who will set federal timber-cutting policies is John B. Crowell, lately general counsel to the Louisiana-Pacific Lumber Co., the single largest bidder for timber on federal lands. James R. Harris, the new head of the Office of Surface Mining, is a vigorous opponent of federal strip-mining regulations.

The list goes on: Retired Gen. Edward L. Rowley, a foe of the 1979 SALT agreement, is our new chief negotiator for arms control and disarmament. Thorne G. Auchter, a former contractor who fought enforcement of worker health and safety rules, is the new assistant Labor secretary who will oversee the Occupational Safety and Health Administration.

Surely the Senate ought to question those prospective changes in policy just as it questions the credentials of the appointees themselves. In the case of both Dr. Koop and Mr. Lefever, their qualifications as well as their intentions leave far too much to be desired. The president is entitled to considerable leeway in the choosing of his soldiers, but on these two nominations, Mr. Reagan should no longer be given the benefit of the doubt.

It's not a matter of age discrimination Koop's views should stop appointment as surgeon general

In an administration headed by a 70-year-old President, it shouldn't seem wrong to have a 64-year-old physician overseeing both public health and federal health research. Yet as the law stands, Dr. C. Everett Koop, a Philadelphia pediatrician, is too old to become U.S. surgeon general.

Straightforward arguments against age discrimination can be advanced for changing the law — and they should have been used by the administration and its allies in Congress. Instead, Sen. Jesse Helms of North Carolina tacked on a minor bill dealing with credit cards to an amendment exempting Dr. Koop from the age rule. The amendment sailed through the Senate, but it's being stalled in the House — with good reason.

Sen. Helms's attempt at deception affirms the idea that it isn't Dr. Koop's age that the administration seeks to protect from public scrutiny. It's Dr. Koop himself.

His medical background as chief of the prestigious Children's Hospital in Philadelphia is impressive. But, personally, he is a religious extremist who doubts the wisdom of the constitutional separation of church and state, opposes common forms of contraception, and condemns followers of main-line religious groups that don't agree with his rigid opposition to abortion.

Pushing aside temporarily those views, the fact is that Dr. Koop has never been involved in public health — although his job would be to run a corps of a half-million public health professionals. In the words of Dr. William H. McBeath, executive director of the American Pub-

expressing what he believes. Those who doubt need refer only to a recent article in the *Journal of the New Jersey Medical Society* in which he attacked main-line Protestant denominations that have endorsed the Supreme Court's affirmation of the right of choice in abortion decisions. Adherents to that view, he wrote, engage in "superficial theology, lack of morality and an insensitivity to the eventual reward for their depravity."

In his book *The Right to Live: The Right to Die*, Dr. Koop stooped to a defense of the illegal back-alley abortion mills that flourished before legalization of abortion: "Consider for a moment how safe abortion has become for the abortionist. In the days when he was an 'illegal abortionist,' his motive was profit but with legal punishment hanging over his head were he caught, he took no chances, humanly speaking, with the mother's life. Now those chances are justified because the law says technically that he has the right to do what the mother says is her right, namely to kill her unborn child."

Statements such as those are ample clues to why Dr. Koop didn't show up at a hearing on the age-law exemption conducted by the House Health and Environment subcommittee. "Dr. Koop scares me," admits the subcommittee chairman, Rep. Henry Waxman of California.

Dr. Koop scares us, too. Although age should be no barrier to his confirmation, his position on important issues clearly disqualifies him from becoming surgeon general.

Times Editorial



Dr. Koop is 'almost uniquely unqualified' to be surgeon general

lic Health Association, Dr. Koop through lack of background in that field is "almost uniquely unqualified" to be surgeon general. Dr. McBeath's organization has, for the first time in a century, voted to oppose a candidate for surgeon general.

Dr. Koop's views — he is antagonistic toward both birth control and abortion — should disqualify him from overseeing the National Institutes for Health, which direct major medical research. In that capacity he would be in a position to terminate vital research to identify and prevent birth defects. The "pro-life" movement has attacked some of these programs — notably those using a test to identify some birth defects through analysis of fluid in a pregnant woman's womb — because they may influence people to seek abortions.

Dr. Koop has never been shy about

Los Angeles Times

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An Issue of Qualifications

Dr. C. Everett Koop has been nominated to be U.S. surgeon general and, as such, would be the nation's top spokesman on public health. Yet Koop, a surgeon, has no significant background in public health. His nomination appears to be a political sop to anti-abortion forces, and it should not be approved.

Koop's appointment was delayed because he is 64, the age limit for holding the surgeon general's job. Congress lifted the age limit during the recent budget reconciliation process.

We said earlier that one's qualifications, not one's age, should be the main factor and that Koop appeared uniquely unqualified. Previous surgeon generals have had strong public health or public administration backgrounds, such as heads of the National Cancer Institute, or state health commissioners, or specialists in preventive medicine or epidemiology, the study of the spread of diseases.

Once again, abortion is an issue in this appoint-

ment. Koop thinks abortion will lead to infanticide, euthanasia and, ultimately, the political climate that created the Holocaust. Because abortion is such a divisive issue, and Koop's views are so extreme, his appointment can only politicize what should be a nonpartisan public health service.

Conservatism is not the issue here. Qualifications are.

We compare Koop's nomination with the report that M.E. Bradford, an English professor at the University of Dallas, may be named to head the National Endowment for the Humanities. Bradford, who does not object to being called an arch-conservative, may hold views about federal spending for academic research that differ with those of his critics. But even they do not quarrel with his record as a scholar.

Koop, on the other hand, lacks the qualifications to fit the job. The Senate should keep that in mind as his confirmation hearings begin next week.

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Koop: Bad Medicine

The Region Administration has made clear its intention to nominate Dr. C. Everett Koop to a public health position. Dr. Koop, who has served as surgeon general of the U.S. Public Health Service and as director of the National Cancer Institute, is one of the nation's top spokesmen on public health. The person filling the job should have a background in community health—preventive medicine or disease control, for example.

Preventive medicine is the branch of medicine that seeks to prevent disease before it has a chance to develop. It is the branch of medicine that seeks to prevent disease before it has a chance to develop. It is the branch of medicine that seeks to prevent disease before it has a chance to develop.

Dr. Koop has an excellent background in preventive medicine. He has served as surgeon general of the U.S. Public Health Service and as director of the National Cancer Institute. He has a background in community health—preventive medicine or disease control, for example.

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In an interview, Koop said that he must clarify even some of the false information that has been spread about his qualifications. Koop has served as surgeon general of the U.S. Public Health Service and as director of the National Cancer Institute. He has a background in community health—preventive medicine or disease control, for example.

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The Wrong Job for Dr. Koop

A good government job surely could be found for Dr. C. Everett Koop, whom President Reagan is said to favor for Surgeon General of the U.S. Public Health Service. But it is not the job of surgeon general that Dr. Koop ought to be some other position. Dr. Koop has an excellent background in preventive medicine. He has served as surgeon general of the U.S. Public Health Service and as director of the National Cancer Institute. He has a background in community health—preventive medicine or disease control, for example.

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Miami Herald

Dr. Koop to Surgery, Please

ONE OF the more-unsavory political skirmishes in Washington these days centers on the prospective nomination of Dr. Everett Koop to be U.S. Surgeon General.

Dr. Koop is an honorable man. He is a surgeon of rare skill. Until recently he was chief of surgery at Philadelphia Children's Hospital, where he gained fame for successfully surgically separating Siamese twins, a delicate and highly unusual procedure. His peers hold him in high professional esteem. He evinces a deeply compassionate concern for human life.

You would not know those things if all that you knew of Dr. Koop was furnished by those who oppose his nomination. They vilify him as a Neanderthal obsessed with raving fears.

Most of his critics' ammunition comes from a single commencement address that Dr. Koop gave at the Philadelphia College of Osteopathic Medicine in June 1979. Dr. Koop pretended to be an 82-year-old man addressing a graduating class in 1999. He portrayed a society that permitted infanticide, outlawed worship of God in deference to a state religion of secular humanism, and mass-produced homosexual test-tube babies to boost the gay movement's political clout.

It's easy to ridicule that speech. Yet fairness requires disclosing that the graduating class responded with a standing ovation for his Orwellian fantasy.

One pervasive belief motivated Dr. Koop's chilling, easily mocked vision. He believes that abortion is murder. Many Americans agree. He further believes that a society that legalizes abortion has begun the progressive devaluation of human life. Many Americans agree.

Many others don't, and never will. Dr. Koop crusades militantly against abortion. He intolerantly denounces his adversaries for "superficial theology, lack of morality, and an insensitivity to the eventual reward for their depravity."

The American Public Health Association opposes Dr. Koop's prospective nomination ostensibly because he lacks training in public health. Congressional opponents are blocking his nomination by refusing to lift a statute requiring prospective Surgeons General to be no older than 64. Dr. Koop is 64½.

Those issues are quite secondary. Abortion is the only real issue here. Why else would the Christian Action Council, a single-issue anti-abortion lobby, be leading the campaign to force Congress to lift the age limit now so that Dr. Koop can be nominated?

Dr. Koop's intolerance on abortion renders him unfit to be the nation's chief doctor, regardless of his medical skills. Abortion will remain the choice of countless women even if outlawed. They should have the right to that choice.

Regardless of their position on this deeply divisive question, all Americans should recognize in the mutually antagonistic intolerance between Dr. Koop and his opponents the terrible price abortion is costing this nation in the coin of essential political consensus. Installing Dr. Koop in this nation's most prominent public-health post would only deepen that division.

Bob Griese:
Just Super

NEW YORK TIMES

Editorial 4/9/81

In Praise of (Some) Doctors

Dr. Unqualified

Although Dr. C. Everett Koop deserves his reputation as a fine pediatric surgeon, he is not deserving of the role in which the Reagan Administration hopes to place him — Surgeon General.

The Surgeon General, whose responsibilities include the National Institutes of Health, the Center for Disease Control and the Institute of Alcohol and Drug Abuse, has been, almost without exception, someone with significant experience in the special field of public health. Many Surgeons General, in fact, have come out of the Public Health Service. Dr. Koop has neither worked in the field nor, during his years at Children's Hospital in Philadelphia, shown any interest or influence in it.

Since he lacks the professional qualifications for

the appointment and is, in fact, older than the law routinely permits, his attractiveness to the Administration must lie elsewhere. That "elsewhere" may be his anti-abortion crusade. Two years ago he toured 20 cities with a film whose message was that abortion led inexorably to euthanasia for the elderly. And he has described amniocentesis, a procedure used to detect congenital disorders like Down's syndrome and Tay-Sachs disease in fetuses, as "a search-and-destroy mission."

Dr. Koop is, of course, entitled to his opinions, but opinions should not be construed as qualifications. We hope Congress will reject the appointment, recognizing, as the Administration chooses not to, that it would be an affront both to the public health profession and the public.

Dr. Live-Again

Dr. Howard Rusk is 80 years old today, making it a fit day to honor the father of rehabilitation medicine. He has won professional and civic awards around the world, plus such admiring nicknames as "Dr. Live-Again" and "Dr. Warmth," and he's still at it.

It was in World War II that Dr. Rusk developed his innovative techniques of physical, educational and psychological therapy. They enabled servicemen to return to active duty rapidly, with morale high and skills intact. After the war he turned his prodigious energy, skill and fund-raising ingenuity to civilian problems, helping to gain full medical respectability for the new field of rehabilitation medicine.

He persuaded New York University to establish

the first real rehabilitation department in any medical school and started a pioneering Institute of Rehabilitation Medicine, which has helped thousands of patients and trained practitioners. The Times takes special pride in having helped persuade Dr. Rusk to come to New York and having induced him to educate the public and the medical profession in a weekly column.

Dr. Rusk still trains practitioners around the world and leads a national council on the handicapped. His once-radical notions of treating the "whole person" and teaching the disabled to participate in society are widely accepted. The enormous gains of handicapped Americans owe much to the educational foundation he has laid.

*New York Times***Time for a New Surgeon General**

5-26-81

Initially, the nomination of Dr. C. Everett Koop to be Surgeon General, the head of the Public Health Service, had been stalled on a technicality. He was, under present law, seven months too old for the job. The House now seems to have removed the age barrier. But there is, and always has been, a far more important reason to resist Dr. Koop's nomination. What should stop this appointment altogether is thoughtful consideration of the doctor's credentials. He is simply the wrong man for the job.

Dr. Koop is indisputably a distinguished pediatric surgeon. But unlike previous Surgeons General, he has

had virtually no experience in public health. It is hardly surprising then, but surely significant, that his nomination to the post is the first the American Public Health Association has opposed in its 100 years.

Dr. Koop holds many opinions that make him attractive to the Reagan Administration, above all his opposition to abortion. But opinions are not qualifications. The nomination is a disservice not only to the Public Health Service and the public, but also to Dr. Koop. He is being honored for the most cynical of reasons — not for his medical skills but for his political compatibility.

VOICES

The Bulletin

B10

Friday, April 10, 1981 BK



OUR VOICE

Wrong for Surgeon General

Dr. C. Everett Koop may well be the finest pediatric surgeon of our time, but that doesn't make him the best choice for Surgeon General of the United States.

The Surgeon General ought to be a doctor with an outstanding record and a proven administrator in public health and preventive medicine.

A conservative administration would do well to resume the tradition of promoting Surgeons General from within the ranks of the U.S. Public Health Service. It would restore the agency to its former, autonomous status.

The Surgeon General is responsible for the National Institutes of Health, which form a medical world of their own, the Center for Disease Control, with its responsibility for tracking down such exotic mysteries as "Legionnaires' Disease," and the Institute of Alcohol and Drug Abuse. The Surgeon General is a manager and administrator, not a maker of health care policy.

Clearly it is Dr. Koop's personal philosophy — and notably his crusading opposition to abortion — that endears him to the Reagan Administration and to Secretary of Health and Human Services Richard S. Schweiker under whom he would serve.

In 1979 and 1980, Dr. Koop toured 20 American cities with a fervent, almost evangelistic presentation urging an end to what he called "anti-family trends." He's entitled to his own opinion, but it should not qualify him for the country's top public health job.

No one is taking anything away from Dr. Koop as a surgeon. His achievements as surgeon-in-chief at Children's Hospital and his success in separating the Siamese twins from the Dominican Republic in 1974 are acknowledged.

Dr. Koop doesn't need another title or another forum. He has already saved many lives and made others easier. But all that he has done does not qualify him to be Surgeon General, and he would serve neither his profession nor his country by continuing to seek that post.

A SIDE ISSUE has emerged. To make Dr. Koop Surgeon

General, it would be necessary to remove an age-limit of 64½ years. The Public Health Service has an age limit because it is — with the Army and Navy — part of the uniformed forces.

Dr. Koop is close to 63. Sen. Jesse Helms (R-NC), an ardent anti-abortionist himself, tried to erase the age restriction by tacking an amendment on to a credit card bill.

Speaker Thomas P. O'Neill and other House leaders, incensed by Helms' attempt to pull a fast one, blocked him and want to question Dr. Koop before they do anything.

The Reagan Administration would be wise to drop the nomination.

Senate should reject Koop

No one denies that Dr. C. Everett Koop, until recently surgeon-in-chief at Children's Hospital of Philadelphia, is a "distinguished pediatric surgeon." One of the opponents of his nomination to be surgeon general of the United States, Dr. William H. McBeath, executive director of the American Public Health Association, described him in those words. He added, however, that Dr. Koop is "otherwise almost uniquely unqualified" for the job.

In that job, Dr. Koop would be the nation's number-one spokesman on public health issues. He would have the responsibility of administering the programs of the National Institutes of Health, the Population Research Center and the Centers for Disease Control. He would be supervising the more than half a million people in the public health work force.

Why did President Reagan nominate him? Not for his experience in public health, of which he has virtually none. Not for his experience in administering large bureaucracies. Again, a virtual zero.

The reason for the nomination, the best that anyone can determine, is that Mr. Reagan agrees with Dr. Koop's opinions. Strong opinions. Dr. Koop is

not simply opposed to abortion. He has been a crusader. He is not merely in favor of protecting and enhancing the American family. He has gone around the country denouncing what he calls "anti-family trends," one of which seems to be, according to him, the movement for equal rights for women, and denouncing these whose views differ from his own.

Dr. Koop is entitled to his opinions, and President Reagan is generally entitled to have people in his administration holding views compatible with his. The American people, however, are also entitled to public servants who, at least in jobs requiring certain professional skills and personal experience, have something more among their qualifications than political compatibility and ideological fervor.

It would be unthinkable to expect a government bureaucrat to perform a rare operation to separate Siamese twins. By the same token, the man who so brilliantly performed it, Dr. Koop, simply does not have the knowledge, the background or the temperament to perform as surgeon general. The Senate has gone along with many dubious nominations by Mr. Reagan. This is one it should reject.

Philadelphia Inquirer-Philadelphia, Pa.
June 3, 1981

ST. LOUIS POST-DISPATCH

Editorial

Friday, Sept. 11, 1981 pg. 16A

Bad Choice For Surgeon General

President Reagan has apparently decided to go ahead with plans to nominate Dr. C. Everett Koop, a pediatric surgeon, as surgeon general of the Public Health Service despite widespread opposition. In reviewing the nomination, however, the Senate should be persuaded by the objections of the American Public Health Association (APHA). These criticisms are important because they address Dr. Koop's qualifications for the office — or lack thereof — rather than his personal beliefs.

Some of the criticism of the selection of Dr. Koop is based on his fervent opposition to abortion. But abortion is not a public health issue; it is a social issue and a clinical matter between a patient and her doctor. The confusion over public health and clinical health care is at the base of the APHA's objections to Dr. Koop. The surgeon general

is the chief public health official of the country. As such his task is to supervise the government's efforts to determine the causes of disease and its development of treatment and prevention techniques. A clinician treats individual patients. Dr. Koop has been lauded as a fine surgeon — a clinician. But he has practically no experience in the public health field.

Previous surgeons general have had extensive experience in public health — and it is needed to best run the many offices that come under the control of the surgeon general. These include the Center for Disease Control, the National Institutes of Health, the Health Resources Administration and the Health Services Administration. The Senate should insist that the president select a surgeon general who has experience in the field he is to head — public health.

The CHAIRMAN. Ms. Wells-Schooley?

STATEMENT OF JANE WELLS-SCHOOLEY, VICE PRESIDENT,
NATIONAL ORGANIZATION FOR WOMEN

Ms. WELLS-SCHOOLEY. Mr. Chairman, my name is Jane Wells-Schooley, and I am vice president of the National Organization for Women. As vice president I represent 160,000 members nationwide. We are the largest membership organization in the United States dedicated to advancing the legal, economic, social, and political rights of women.

We really do appreciate the opportunity to appear before the committee today to express our opposition to the administration's nominee, C. Everett Koop.

We are particularly aware of the importance of the office to which C. Everett Koop has been nominated. The Public Health Service is charged by law with promoting and assuring the highest level of health attainable for every individual and family in America.

We believe that Dr. Koop has demonstrated an extreme insensitivity to equal rights and opportunities for women as well as a significant bias against the comprehensive reproductive health care needs of women.

Our opposition is based primarily on three factors: One, Dr. Koop's complete lack of understanding of women's rights or of the various roles that women in modern society can choose; two, his extremist views on birth control, amniocentesis, reproductive health research, and abortion, compounded by a lack of tolerance of other views; and, three, his lack of experience in the field of public health.

I would like to say that NOW very proudly associates ourselves with the remarks of the American Public Health Association in that regard.

Since over half of the population of the United States is female, Dr. Koop's extremist views cause great concern about his ability to fairly administer as a top public health officer.

Dr. Koop defines women solely in terms of their marital status and reproductive ability, denying the contemporary reality that women are equal to men and entitled to choose from a multiplicity of roles:

Male and female were created as complementary opposites * * * But you have to approach your role with the right attitude * * * Girls were meant to grow into women [who have] the tremendous opportunity and joy of having a child, the experience of bonding yourself to that small body, nursing him or her at your breast, raising your child and protecting it in the family unit until such time as he or she is ready to go out on his own.

Further, Dr. Koop says:

There is tremendous danger in ignoring the fundamental truth of being a woman * * * After all, isn't it a very naive concept of feminism to insist that women prove their ability to do all the things that men can do?

Additionally, Dr. Koop seems convinced that all females have an intrinsic need to be mothers, as is their given role. Specifically, in describing the operation to separate siamese twins he says, "Each one has everything necessary to fulfill her given role as a girl and then as a woman."

In his book "Whatever Happened to the Human Race" Dr. Koop suggests that if a woman does not choose to be a mother or even in other circumstances to remain pregnant that she turns into a hard person and automatically suffers guilt:

One of the facts of being a human being is that in spite of the abnormality of human beings and the cruelty of their actions, there still exist the hopes and fears, the longings and aspirations, that can be bundled together in the word "motherliness." To stamp out these feelings is to insure that many women will turn into the kind of hard people they may not want to be. For others, it is a bewildering nightmare to be overwhelmed with longings for the baby to be back in them and to be unable to complete that which had begun.

Koop also seems to have deeply held stereotypes about why women work, even within the medical community within which he practices:

I am convinced that the backbone of our remarkable nursing profession and that of our pediatric care and pediatric social service is to be found in the many unmarried woman who devote themselves selflessly to the care of patients. I cannot believe that all of these fine women "chose" not to be married merely to take care of patients.

And, if that were not enough, we are very concerned about whether Dr. Koop's distinctions between married and unmarried female health workers and their devotion to their work would impact on his attitude toward educational and advancement programs for all women in that field.

In addition, besides obviously believing that women's given role is only to be mothers, he says, "Even if one is not called to marriage, there are also great treasures ahead for those who are not," after which he mentions only two professions—nurses and schoolteachers.

Koop's narrow understanding of women does not even include the need for employment—except perhaps unmarried women who work as nurses and schoolteachers—and is further compounded by his other extreme and intolerant views of people.

At a 1979 seminar in Philadelphia Koop remarked,

The antifamily trends in our society are tremendous. The number of families where both parents work increase annually to the added stress of family life and particularly to children. The women's lib movement. The gay pride movement. Single parenthood. The breakdown in the sanctity of marriage and the loosening of sexual morality in all spheres of life are antifamily.

I seriously have to question some of the testimony that Dr. Koop gave this morning about his being misquoted. I think these quotations indicate without doubt in very recent publications what his attitudes are.

In addition, Representative Henry Waxman, chairman of the House Subcommittee on Health and Environment, expressed serious reservations about Dr. Koop in May during the subcommittee's consideration of the amendment to abolish the age restriction for the Surgeon General:

I am very concerned about his philosophy. His intolerant attitude and almost paranoid statements about family planning, amniocentesis, and abortion and the motives of those who favor those kind of positions, make me very worried about how he would perform * * * as the chief health officer of this country.

We are also extremely concerned about Dr. Koop's attitudes on birth control. Currently, millions of women depend on the IUD and

forms of the birth control pill for family planning. Dr. Koop does not approve either of the use of the IUD or the morning-after pill.

In his interview with "Christianity Today" he explains:

The morning after pill is not a contraceptive, but it is a birth control medication. An IUD is not contraceptive, it is something that's effective in birth control.

Thousands of females depend on the morning-after pill to prevent pregnancy resulting from rape and incest.

Furthermore, Koop does not see teenage pregnancy as a public health concern. I also understand that Dr. Koop said he was misquoted on this. However, in his most recent book he talks about what the alternatives are to abortion in the treatment of teenage pregnancy, and he directly has a quote that, in general, in most cases he believes adoption is the only way to go.

The problem is that the adverse effects of early childbearing are serious to both mother and child, and the maternal death rate for teenage mothers is more than twice that of mothers in their twenties. Teenage mothers also suffer from more complications of pregnancy and childbirth such as toxemia and anemia.

We believe that adoption does not solve the health risks of teenage pregnancy no matter what the particular quotation says.

Couples who might not otherwise have children at all because of the fear of severe or fatal fetal deformities are currently given hope by amniocentesis. In the same 1978 interview with "Christianity Today" Dr. Koop called the procedure a search and destroy mission.

Can we expect that Dr. Koop will translate his opposition to certain accepted medical procedures or certain drugs and devices into a public policy restricting their use and availability?

Dr. Koop has described the drug prostaglandin as "a hormone which has practically no other uses except to induce abortion." In fact, researchers are finding uses for prostaglandin far removed from abortion, including the treatment of a variety of ailments from cardiovascular to skin diseases. In fact, prostaglandins are being used in the treatment of blue baby to aid in keeping the affected infant alive until he or she is strong enough to undergo corrective measures.

Dr. Koop seems particularly concerned about continuing research which may result in

* * * a vaginal tampon with prostaglandin on its tip [which] any woman could use * * * once a month and never know whether she was having a normal menstrual period or an abortion * * * Thus, abortion could become a totally private affair.

Researchers have been working on menses inducers for a wide variety of medical uses beyond abortion. Would Dr. Koop oppose such research?

Also of great concern is Dr. Koop's intolerance for religious views on abortion other than his own. In a 1978 article in the "Journal of the Medical Society of New Jersey" entitled "The Sanctity of Life," Koop remarks:

Sadly, most of the main line denominations with the notable exception of the Missouri Synod Lutherans and the Southern Baptists have made pro-abortion statements illustrating their superficial theology, lack of morality, and an insensitivity to the eventual reward for their depravity.

Serious questions arise as to Koop's ability or willingness to separate his personal religious beliefs—which we believe he is entitled to—from his public policy judgments and behavior.

Dr. Koop's ideology and public record disclose a fundamental opposition to equality for women. If any candidate for Surgeon General espoused such extremist views and attitudes toward racial equality, the nomination would never have been offered, let alone seriously considered by the Senate of the United States.

Thank you, Mr. Chairman.

[The prepared statement of Ms. Wells-Schooley follows:]



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CONFIRMATION HEARINGS ON C. EVERETT KOOP
NOMINEE FOR SURGEON GENERAL OF THE UNITED STATES

STATEMENT OF JANE WELLS-SCHOOLEY, VICE PRESIDENT
NATIONAL ORGANIZATION FOR WOMEN

BEFORE THE
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

OCTOBER 1, 1981

My name is Jane Wells-Schooley, and I am Vice President of the National Organization for Women (NOW). As Vice President of NOW, I represent 160,000 members nationwide. We are the largest membership organization in the United States dedicated to advancing the legal, economic, social, and political rights of women. We appreciate the opportunity to appear before this Committee today to express our opposition to the Administration's nominee for Surgeon General of the United States: C. Everett Koop.

Because NOW is continuously involved in support of the goals of equal rights and opportunities for women and of its goal of safe, available health care for women, we are particularly aware of the importance of the office to which C. Everett Koop has been nominated. The Public Health Service is charged by law with promoting and assuring the highest level of health attainable for every individual and family in America. In addition, the advice of the Surgeon General on public health matters must be trusted and in the best interests of all Americans.

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Because of the authority vested in the position, the Surgeon General is in a powerful position to influence the public health policy including the development of education for health professions, the delivery of health services, the conducting and support for research in such areas as birth control and infertility research and many other areas of health care which directly affect the health and well-being of American females.

We believe that Dr. Koop has demonstrated an extreme insensitivity to equal rights and opportunities for women as well as a significant bias against the comprehensive reproductive health care needs of women.

Our opposition is based primarily on three factors:

(1) Dr. Koop's complete lack of understanding of women's rights or of the various roles that women choose in a modern society, (2) his extremist views on birth control, amniocentesis, reproductive health research and abortion, compounded by a lack of tolerance for other views and (3) his lack of experience in the field of public health.

Dr. Koop's attitudes and beliefs on women are evidenced in both his speeches and in his writings. Since over half the population of the United States is female, Koop's extremist views cause great concern about his ability to fairly administer as the top public health official.

Koop defines women solely in terms of their marital status and reproductive ability, denying the contemporary reality that women are equal to men and entitled to choose from a multiplicity of roles.

"Male and female were created as complementary opposites ... But you have to approach your role with the right attitude ... Girls were meant to grow into women [who have] the tremendous opportunity and joy of having a child, the experience of bonding yourself to that new small body, nursing him or her at your breast, raising your child and protecting it in the family unit until such time as he or she is ready to go out on his own.

. . .

There is tremendous danger in ignoring the fundamental truth of being a woman ... After all, isn't it a very naive concept of feminism to insist that women prove their ability to do all the things that men can do?"

Speech to graduating class
of the Shipley School,
June 1979 as printed in
The Shipley Bulletin.

Additionally, Koop seems convinced that all females have an intrinsic need to be mothers as that is their "given role". In his book Whatever Happened to the Human Race, Koop suggests that if a woman does not choose to be a mother or even in other circumstances remain pregnant, that she turns into a "hard" person and automatically suffers guilt.

"One of the facts of being a human being is that in spite of the abnormality of human beings and the cruelty of their actions, there still exist the hopes and fears, the longings and aspirations, that can be bundled together in the word *motherliness*. To stamp out these feelings is to insure that many women will turn into the kind of hard people they may not want to be. For others, it is a bewildering nightmare to be overwhelmed with longings for the baby to be back in them and to be able to complete that which had begun." (p. 52)

Koop also seems to have deeply held stereotypes about why women work, even within the medical community.

"I am convinced that the backbone of our remarkable nursing profession and that of our pediatric care and pediatric social service is to be found in the many unmarried women who devote themselves selflessly to the care of patients. I cannot believe that all

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of these fine women chose not to be married merely to take care of patients."

Will Koop's distinctions between married and unmarried female health care workers and their devotion to their work impact on his attitude toward educational and advancement programs for all women?

Koop's narrow understanding of women does not even include the need for employment and is further compounded by his other extreme and intolerant views of people. At a 1979 seminar in Philadelphia, Koop remarked:

"The anti-family trends in our society are tremendous. The number of families where both parents work increase annually to the added stress of family life and particularly to children. The women's lib movement. The gay pride movement. Single parenthood. The breakdown in the sanctity of marriage and loosening of sexual morality in all spheres of life are anti-family."

Representative Henry Waxman, Chairman of the House Subcommittee on Health and Environment expressed serious reservations about Koop in May during his subcommittee's consideration of the amendment to abolish the age restriction for Surgeon General.

"I'm very concerned about his philosophy. His intolerant attitude and almost paranoid statements about family planning, amniocentesis, and abortion and the motives of those who favor those kinds of

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positions, make me very worried about how he would perform ... as chief health officer of the country."

Koop's attitudes on birth control are alarming. Currently, millions of women depend on the IUD and forms of the birth control pill for family planning. Koop does not approve of the use of either the IUD or the morning after pill.

In his interview with Christianity Today, Koop explains, "The morning after pill is not a contraceptive, but it is a birth control medication. An IUD is not a contraceptive, it is something that's effective in birth control."

Thousands of females depend on the morning after pill to prevent pregnancy resulting from rape and incest.

Furthermore, Koop does not see teenage pregnancy as a public health concern. Yet over 1 million girls and women under age twenty become pregnant each year. Several hundred thousand received legal abortions. Teenagers, many of them unmarried, now give birth to one out of every five babies born in the United States.

The adverse effects of early childbearing are serious for both mother and child. The maternal death rate for teenage mothers is more than twice that of mothers in their twenties. Teenage mothers also suffer from more complications of pregnancy and childbirth, such as toxemia and anemia.

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However, Dr. Koop sees the only solution to pregnancy among unmarried teenagers as adoption completely ignoring the health and other risks to the pregnant girl or woman. Serious questions are also raised about how Dr. Koop would deal with pregnancies resulting from rape or incest.

Couples who might not otherwise have children at all because of the fear of severe or fatal fetal deformities are currently given hope by amniocentesis. In the same 1978 interview with Christianity Today, Koop called the procedure "a search and destroy mission." Can we expect that Koop will translate his opposition to certain accepted medical procedures or certain drugs and devices into a public policy restricting their use and availability?

Dr. Koop has described the drug prostaglandin as a "hormone which has practically no other uses except to induce abortion." In fact, researchers are finding uses for prostaglandin far removed from abortion, including the treatment of a variety of ailments from cardiovascular to skin diseases. In fact, prostaglandins are being used in the treatment of cyanotic congenital heart disease ("blue baby") to aid in keeping the affected infant alive until he or she is strong enough to undergo corrective measures.

Dr. Koop seems concerned about continuing research which may result in a "vaginal tampon with prostaglandin on its tip (which) any woman could use ... once a month and never know

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whether she was having a normal menstrual period or an abortion." "Thus," he continues, "abortion could become a totally private affair." Researchers have been working on menses inducers for a wide variety of medical uses beyond abortion. Would Dr. Koop oppose such research?

Also of great concern is Dr. Koop's intolerance for religious views on abortion other than his own.

In a 1978 article in the Journal of the Medical Society of New Jersey entitled "The Sanctity of Life", Koop remarks:

"Sadly, most of the main line denominations with the notable exception of the Missouri Synod Lutherans and the Southern Baptists have made pro-abortion statements illustrating their superficial theology, lack of morality, and an insensitivity to the eventual reward for their depravity."

Serious questions arise as to Koop's ability or willingness to separate his personal religious beliefs from his public policy judgments and behavior.

The American Public Health Association has detailed in its testimony before the Waxman Subcommittee on Health and Environment and before this Committee the concerns which we share regarding Koop's qualifications and experience in the public health field.

Conclusion

Dr. Koop's ideology and public record disclose a fundamental opposition to equality for women. If any candidate for Surgeon General espoused such extremist views and attitudes toward racial equality, the nomination would never have been offered, let alone seriously considered by the Senate of the United States.



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EDITORIAL OPINION ON THE KOOP APPOINTMENT

The consideration of Dr. C. Everett Koop for nomination as Surgeon General of the United States by the Reagan Administration has become the subject of intense controversy. Dr. Koop is known for his extremist statements against equal rights for women and reproductive rights including birth control, amniocentesis and abortion. Experts in the field of public health oppose the consideration of Koop because of his total lack of experience in that field. As a result, many major newspapers have editorialized against Koop. Following are a sampling of excerpts from those editorials:

The Reagan Administration has made clear its intention to nominate Dr. C. Everett Koop to be U. S. Surgeon General. He appears to be uniquely unqualified for the job.

...

He has no experience in public health-not in disease control, not in environmental protection, not in behavioral science, not in public administration.

...

Koop wrote in 1978 in the Journal of the Medical Society of New Jersey that abortion leads to infanticide and then to euthanasia - "indeed to the very beginnings of the political climate that led to Auschwitz, Dachau and Belsen." The logic that compares a surgical procedure with the Holocaust is incomprehensible.

The Los Angeles Times
June 8, 1981

Dr. Koop's medical credentials are impressive. But comparing a pediatrician to a public health expert, although both may be doctors, is like comparing an aerospace worker to a bridge builder, although both may be engineers. Caring for individual patients, Dr. McBeath [executive director of the American Public Health Association] observes, has little to do with the causes of disease and their control - the work of public health.

...

Dr. Koop's views on various subjects may be distasteful to some and appealing to others; they don't disqualify (or qualify) him for various jobs in the Department of Health and Human Services or other agencies, although doctrinaire views are often a handicap. But for the job of surgeon general, his background - or lack of it - does raise insurmountable questions.

The Washington Star
May 11, 1981

Dr. Koop is of course entitled to his opinions, but opinions should not be construed as qualifications. We hope Congress will reject the appointment, recognizing as the Administration chooses not to, that it would be an affront both to the public health profession and the public.

...

The New York Times
April 9, 1981

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His medical background as chief of the prestigious Children's Hospital in Philadelphia is impressive. But, personally, he is a religious extremist who doubts the wisdom of the constitutional separation of church and state, opposes common forms of contraception, and condemns followers of main-line religious groups that don't agree with his rigid opposition to abortion. Pushing aside temporarily those views, the fact is that Dr. Koop has never been involved in public health - although his job would be to run a corps of a half-million public health professionals.

Dr. Koop scares us, too. Although age should be no barrier to his confirmation, his position on important issues clearly disqualifies him from becoming surgeon general.

The Louisville Times
April 8, 1981

The reason for the nomination, the best that anyone can determine, is that Mr. Reagan agrees with Dr. Koop's opinions. Strong opinions. Dr. Koop is not simply opposed to abortion. He has been a crusader. He is not merely in favor of protecting and enhancing the American family. He has gone around the country denouncing what he calls "anti-family trends," one of which seems to be, according to him, the movement for equal rights for women, and denouncing those whose views differ from his own.

Dr. Koop is entitled to his opinions, and President Reagan is generally entitled to have people in his administration holding views compatible with his. The American people, however, are also entitled to public-servants who, at least in jobs requiring certain professional skills and personal experience, have something more among their qualifications than political compatibility and ideological fervor.

... Dr. Koop, simply does not have the knowledge, the background or the temperament to perform as surgeon general. The Senate has gone along with many dubious nominations by Mr. Reagan. This is one it should reject.

The Philadelphia Inquirer
June 3, 1981

Dr. C. Everett Koop may well be the finest pediatric surgeon of our time, but that doesn't make him the best choice for Surgeon General of the United States.

The Surgeon General ought to be a doctor with an outstanding record and a proven administrator in public health and preventive medicine.

A conservative administration would do well to resume the tradition of promoting Surgeons General from within the ranks of the U. S. Public Health Service. It would restore the agency to its former, autonomous status.

The Reagan Administration would be wise to drop the nomination.

The Philadelphia Bulletin
April 10, 1981

The CHAIRMAN. Dr. McBeath, am I misunderstanding your statement, and do you believe that only people who have had significant experience in public health programs would be qualified for Surgeon General?

Dr. McBEATH. I believe that the present law requires that, and that any candidate that comes before you at this time would have to have that—yes.

The CHAIRMAN. I agree with you—that is the law.

Do you believe that the only way to have significant public health experience is to be a public health practitioner?

Dr. McBEATH. I believe that we are talking about a requirement that is really written in a job classification. It is the job description for the Surgeon General of the United States—

The CHAIRMAN. That is not my question. My question is: Do you have to—it seems to me—be a public health practitioner in order to have public health experience?

Dr. McBEATH. I am trying to give an answer to that.

The CHAIRMAN. Could you give a yes or no and then explain it?

Dr. McBEATH. I do not think I can, Senator. I believe it is talking about a job, and therefore I think that job specs usually refer to work experience. I believe it is here referring to work experience. I do not think it would be enough to have a simple knowledge of, or an occasional exposure to, or even some sympathetic interest in programs. I think it requires program work experience, and I think that means that the career record of the individual should clearly demonstrate substantial involvement that was responsible occupational participation in public health work. Usually that would be employment, but not always.

The CHAIRMAN. I see. And I take it that your organization would stand behind that opinion that generally for this position only those who literally have the same interests or the same ideology as your organization really would qualify as Surgeon General of the United States?

Dr. McBEATH. I am not referring to my organization; I am referring to the qualifications that we believe are in Federal law.

The CHAIRMAN. I see.

Dr. Koop, you have indicated, is clearly a skilled physician in treating patients—you have agreed with that—not only skilled, but you have mentioned his preeminence in his field, and he has made vast and great contributions to the field of medicine all over the world.

Dr. McBEATH. Yes, sir.

The CHAIRMAN. Do you not believe that this clinical experience, especially the vast clinical experience, with the energy and the abilities he has portrayed, and the wide-ranging health problems that he has helped to resolve—even though you disagree with the hydration problem—coupled with the expert advice from public health officials and professionals at the Department could actually enhance his ability to serve as Surgeon General?

Dr. McBEATH. No, sir, I do not.

The CHAIRMAN. You mean he has to have that public health experience, and that is the only way he could really function as a Surgeon General?

Dr. McBEATH. I think the Surgeon General is the chief public health professional in the administration and is there to bring that public health viewpoint to bear in the highest councils of the administration as health problems are addressed. I am delighted for Dr. Koop to be heard, for his clinical viewpoint to be there, and for him to express it as Deputy Assistant Secretary for Health. We do not object to that. But the Surgeon General should be, as tradition and law require, a representative of a different viewpoint.

The CHAIRMAN. Let me just say this to you: I happen to disagree with you. I think that this man has a wide-ranging experience in public health.

He has had a definite imprint on public health, has helped millions of people all over the world, has shown an inclination to do so altruistically at great cost and expense to himself, has not only helped children but adults and aging, has worked in rehabilitative and disability areas, and has every qualification that I would want or that any reasonable person would want—it seems to me—in a Surgeon General of the United States.

Although I have high respect for your organization, I hate to tell you this: I personally do not believe that only people who belong to your organization or belong to the club can fill this position.

Again, I respect your testimony and will give due consideration to it, but I just do not see it under the circumstances as being persuasive when you look at this man's lifetime of contribution to the world medical community and certainly the U.S. medical community.

I personally believe that one of the problems in our bureaucracies today is that we do not have enough people who have had the wide-ranging experience—there is nobody who has had the wide-ranging experience that Dr. Koop has had, at least according to many witnesses here today and many people I have talked to.

He has indicated that he is not going to dwell on these personal ideological viewpoints of his, which I think should comfort the editorial writers in the country.

I just cannot believe that with his vast clinical knowledge, vast altruistic service, and his contributions to the field of medicine—and, as I said, to millions of people—he would be unqualified for Surgeon General. All I can say is, if that is the law, it is a poor one.

Dr. McBEATH. May I respond to that, Senator?

The CHAIRMAN. Yes.

Dr. McBEATH. I think, first, you do my organization a disservice to suggest that we said he had to belong to our organization; we did not say that.

The CHAIRMAN. I get that distinct impression.

Dr. McBEATH. Well, you may get that impression, but we did not say that, Senator.

The CHAIRMAN. In fact, he gets that impression too.

Dr. McBEATH. We would welcome him. Membership is open to anybody interested in the public health.

The law is what requires the specialized training and significant experience—we agree on that point. And the other points that you raise, Senator, about all the great things he has done for people of the world—there is no disagreement about that. I am personally

prepared to second your nomination of him for a Nobel Prize, but that is not what is under consideration here. What is under consideration is a confirmation by the Senate as Surgeon General of the U.S. Public Health Service.

The CHAIRMAN. And where you and I disagree is that I think he has had excellent public health experience. You know, I guess we have to make that judgment here.

I am sure all Senators on this committee will give due consideration to what your feelings are on this matter, including myself, but I have to admit—having listened to everything I have heard today, including top public health people who practice every day in this field coming in and saying, "He is exactly what we need"—I have some difficulty coming to the conclusion in your testimony that, since he is not a member of the club, as your organization defines it, he should not be in this position.

Personally, I think that is wrong. Be that as it may, again, I will just say this to you: I believe that you ought to reconsider your position, and I believe others are reconsidering them right now, including members of this committee.

I believe that if C. Everett Koop is confirmed as Surgeon General of the United States we might even be able to get about solving some of these problems that are bothering people all over this country because of his industry, his innovativeness, his genius, and the fact that he is a proven success in the field of medicine and has done it all over the world.

Be that as it may, I am sorry to get a little emotional about it myself, but I have lived with this now for several months, and when it came down to this hearing—and this is all we have—it seems to me we have put an excellent person, who has given a lifetime of service, through a lot of torture for no good reason at all.

[Material supplied for the record follows:]

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Saturday, September 19, 1981

The abortion issue intrudes again

All the implacable and uncompromisingly self-righteous battlers for and against abortion have found a handy new surrogate issue in Dr. C. Everett Koop, a distinguished pediatric surgeon whom President Reagan nominated Wednesday to be surgeon general.

Dr. Koop has been an outspoken critic of abortion for years. Ever since his name was first mentioned for the job, supporters of a woman's right to abortion have been trying to head off his formal nomination and failing that, now to defeat it. They probably will not succeed—and they shouldn't.

At first, Dr. Koop's opponents nipped that he was ineligible because of his age (64) and because he was not a commissioned Public Health Service officer. The first argument is unsustainable in a nation headed by a 70-year-old President. The second is unfair in the light of Dr. Koop's distinguished record. Besides, both objections are now technically moot. Congress cleared the way for Dr. Koop's appointment in July by eliminating both requirements.

Dr. Koop's nomination must still be approved by the Senate Labor and Human Resources Committee and by the Senate itself. Opposition will doubtless continue to focus ostensibly on Dr. Koop's public health qualifications and will come not only from those who are using it as a pretext for trying to keep an abortion foe out of the office but also from those who want the post limited to career professionals in public health.

Spokesmen for the American Public Health Association, which supports abortion, have taken a lead against Dr. Koop. Their objections have been frequently quoted in newspaper articles and emphasize the fact that Dr. Koop is not a career

professional in epidemiology or a related public health specialty.

But that doesn't mean Dr. Koop isn't qualified to be surgeon general. He has an international reputation as a pediatric surgeon, he has been active in hospital administration, and he has been deeply involved in public health in other parts of the world. It isn't essential to have a degree in public health to be an effective spokesman to the nation on health matters or to direct a department of career professionals.

Opponents of Dr. Koop are fond of quoting out of context remarks he made in a speech in which he drew up a surfeit of such social dangers as infanticide and euthanasia as a dramatic way of warning against them. Certainly these are valid concerns about which a physician can caution without being labeled a kook. Nor should talking openly about personal Christian convictions, as Dr. Koop does, disqualify a man for a federal job.

Probably there are public health career professionals more qualified to be surgeon general than Dr. Koop. But nominating a person to fill the job is the prerogative of the President, and Mr. Reagan is entitled to name someone whose views are close to his own. Dr. Koop has said that if he gets the post he will not use it as a platform for opposing abortion. Changes in the laws on abortion will have to come from Congress or the courts—not the surgeon general. Pro-abortion forces should have no more right to block Dr. Koop's appointment than anti-abortion forces had to prevent Judge Sandra Day O'Connor's appointment to the Supreme Court. Congress should let Mr. Reagan have the man he has chosen.

The Detroit News

615 Lafayette Boulevard
Detroit, Michigan 48231

9/28/81

Politics and Public Health

Dr. Charles Everett Koop is President Reagan's proposed nominee for U.S. surgeon general. The pediatric surgeon currently serves as deputy assistant secretary for health, and has compiled an extraordinary record during his 35 years of practice.

Dr. Koop is internationally recognized as a pioneer in his field. He has helped make anesthesia safe for children, had extensive experience treating young cancer patients, and has performed difficult surgery on the separation

the nominee lacks experience in preventing diseases in large populations.

This complaint is curious considering Dr. Koop's role in preventing a dysentery epidemic in the Dominican Republic; in training Indian nurses to work with an isolated Mexican tribe to prevent the spread of disease; in helping to set up a Ghanaian medical school; in beginning a fellowship program to send medical students to rural hospitals in Third World nations; and in aiding in the establishment of public-health facilities in more than two dozen nations.

The distinguished physician's candidacy has run aground on two statutory technicalities. The position requires that the individual possess *actual* public-health experience, and be under 64 years of age. Dr. Koop's remarkable record in the public-health field does not qualify as official experience — and he is 64 years old.

His congressional advocates are working to alter these outdated limitations so Dr. Koop will be eligible for the post. His opponents are laboring to block the amendments and the nomination.

Why is APHA, which hasn't in its 109 year history opposed the nomination of anyone to be surgeon general, so adamant about Dr. Koop? The answer, we suspect, lies in the physician's articulate opposition to abortion.

Prior to joining the government this year, Dr. Koop served on the boards of three right-to-life organizations. He co-authored a book that suggests a philosophical link between abortion, infanticide, and euthanasia. Though APHA denies any philosophical quarrel with Dr. Koop, it has long supported proabortion causes.

His foes have even attempted to portray his religious convictions as fanaticism, hinting that the physician is a backwoods Bible thumper who would politicize the public health service.

If Dr. Koop is judged on his estimable record, he would receive swift confirmation as U.S. surgeon general. Should his opponents succeed in blocking the appointment, they will confirm the rapid politicization of the public health service.



of Siamese twins. His several awards include the French Legion of Merit.

Yet Dr. Koop's nomination is opposed by several groups, including the American Public Health Association (APHA), whose executive director told a congressional committee that the renowned physician's experience has been too narrow to qualify him for the post of surgeon general.

Never mind that Dr. Koop did extensive volunteer work with public health programs in Third World nations, the APHA leader in his

The CHAIRMAN. With that, we will recess these hearings.
[Whereupon, at 1:30 p.m., the hearing was recessed, subject to the call of the Chair.]